THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

VOLUME TWO:
FINAL REPORT
PART A

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Vol. II
Part A

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THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

Volume Two:

FINAL REPORT

Part A

Washington, D.C.
May 23-27, 1977

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THE WHITE HOUSE

WASHINGTON

To the Participants in the recent White House Conference on Handicapped Individuals

Your efforts during this first White House Conference on Handicapped Individuals attested to your deep concern for the well-being of millions of mentally or physically handicapped fellow citizens. I welcome this opportunity to thank you personally and to assure you that you will have my Administration's full and continuing cooperation and support in the future.

It should give you encouragement and strength to know that so many Americans share your commitment and your dedication to implementing the work that is ahead of you.

I applaud the creative leadership and initiative you have already provided in this priority endeavor, and I wish you well in the critical period ahead.

Jimmy Carter

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D. C. 20201

Dear Conference Participants:

On behalf of the U.S. Department of Health, Education, and Welfare, I wish to thank each of you who labored so unselfishly to make the White House Conference on Handicapped Individuals a successful and unprecedented occasion.

Disabled individuals across this nation eagerly accepted and met their greatest challenge and opportunity--to play a major role in determining their own destiny.

In the future, you will share with the public and private sectors the responsibility for developing laws and policies which will provide new opportunities for all handicapped persons. It is in the spirit of shared responsibility that I offer you the complete cooperation of the Department of Health, Education, and Welfare. The Department will give full consideration to the recommendations developed during the Conference.

This is a time in history when all Americans can be proud of the determination and talents of their fellow citizens who happen to be disabled.

The White House Conference marks the beginning of a brighter future for all disabled people, a future that will help ensure the rights of handicapped individuals.

Sincerely,

Joseph A. Califano, Jr.

The White House Conference on Handicapped Individuals

(202) 382-3275
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The Honorable Jimmy E. Carter
President of the United States
The White House
Washington, D.C.

Dear Mr. President:

As Chairman of the White House Conference on Handicapped Individuals, and on behalf of the National Planning and Advisory Council, and the Secretary of Health, Education and Welfare, I respectfully submit the report of the Conference which was held in May of this year. This report highlights the major findings which were brought to the floor of the Conference from the many participants of our states and territories.

We have been honored to have been able to serve in this most important endeavor, and we are deeply appreciative to you for your significant meaningful participation.

Respectfully yours,

Henry Viscardi

Henry Viscardi, Jr.
Chairman

HV:em
enclosure

1832 M Street, N.W. / Suite 801 / Washington, D.C. 20036

Symbolically, this design is a visual reinforcement of the White House Conference on Handicapped Individuals itself. The interlocking circle of people represents a convocation of delegates with a common interest and goal, joining together in strength and harmony. Outstretched arms reflect the openness of the Conference, the spreading of ideas among delegates and observers representing all disabilities, parents, professionals and advocates. Finally, the people themselves are portrayed as whole beings, a subtle indication that individuals with disabilities should be "whole" in our society.

TABLE OF CONTENTS

PART A

PREFACE 1
NATIONAL CONFERENCE HISTORY 3
NATIONAL CONFERENCE 9
NATIONAL CONFERENCE FINDINGS 19
Summaries of Recommendations and Resolutions
Health Concerns 23
Education Concerns 31
Social Concerns 39
Economic Concerns 51
Special Concerns 61
Miscellaneous Concerns 75
OPEN FORUMS 81
SPEECHES 97
APPENDIX
SPECIAL MEETINGS 109
Non-White Caucus 113
Alternative Conference Report 116
Disabled Women's Caucus 135
Mental Health Caucus 136
Lawyer's Caucus 136
Disabled Hispanic Individuals Caucus 137
SEMINARS 139
Information Resources 143
Epilepsy Commission 147
Coordination Seminar 149
Long Term Care 149
Disabled Veterans 157
Unique Problems of Non-White Handicapped Persons 158
Industry-Labor Council Seminar 159
ACKNOWLEDGEMENTS 163
DEDICATION 187

PART B

INTRODUCTION TO DEMOGRAPHICS 3
DEMOGRAPHIC HIGHLIGHTS 3
STATISTICAL DATA 12
INTRODUCTION TO TABLES 16
TABLES OF ISSUES AND RECOMMENDATIONS 19
CONFERENCE INFORMATION FLOW 288

PART C

ISSUES AND RECOMMENDATIONS 1
RESOLUTIONS 231
LIST OF OFFICIAL DELEGATES 303
A GUIDE TO THE RESOLUTIONS 315

PREFACE

A gathering unique in the history of America began on May 23, 1977 in the nation's capital. The White House Conference on Handicapped Individuals brought together 3700 people from every State and Territory who were designated to represent more than 35 million Americans with mental or physical disabilities for an assessment of their problems and potentials.

This Conference provided the first opportunity ever for persons with handicaps to voice their own concerns and vote for recommendations presenting solutions to the problems that most directly affect their lives. This report of the White House Conference on Handicapped Individuals includes the documentation of those recommendations, resolutions and a summation of the work of the delegates during the four momentous days of the Conference, May 23–27, 1977.

The importance of the findings of the Conference may be surpassed only by the importance of effective implementation of the recommendations. The growing awareness of the needs of individuals with mental or physical disabilities and the determination to meet the challenges facing these individuals can only be accomplished by a united people. We earnestly request the support of all America.

In his address to the participants at the Conference President Jimmy Carter placed the needed changes in proper perspective when he said, ". . . It would be a mistake for the rest of America to think that the benefits are only going to the handicapped, because when you get freedom, we share that freedom, and when the handicapped get the benefits of education and a job and a purposeful life, we all share in the benefits of that education, that job and a purposeful life."

NATIONAL CONFERENCE HISTORY

NATIONAL CONFERENCE HISTORY

During the 20th Century, and especially during the past decade, the needs, concerns and capabilities of Americans with mental or physical disabilities have been the subject of countless hearings, conferences and meetings attended by hundreds of thousands of concerned citizens. The number of persons with handicaps has increased to over 35 million. This large segment of our population has often been denied the benefits and fundamental rights afforded to citizens of the United States and its Territories.

As a result of a growing advocacy movement, local, State, Territory, and Federal officials began to listen and learn about the desire of people with disabilities to minimize their dependence and to maximize access to productive, participatory lives.

The passing of the Rehabilitation Act of 1973 and its subsequent amendments marked a major step by the Federal government to provide individuals with mental or physical disabilities with the services needed to enable them to realize their full potential. Other legislation followed on national and State levels.

Recognizing that over one-sixth of our nation's population are mentally or physically impaired and that they have urgent unmet needs which call for a greater national commitment, the Congress of the United States enacted the "White House Conference on Handicapped Individuals Act" (Title III, P.L. 93–516) as part of the Rehabilitation Act Amendments of 1974. Section 301 of P.L. 93–516 stated:

1) the United States has achieved great and satisfying success in making possible a better quality of life for a large and increasing percentage of our population;

2) the benefits and fundamental rights of this society are often denied those individuals with mental and physical handicaps;

3) there are seven million children and at least twenty-eight million adults with mental or physical handicaps;

4) it is of critical importance to this Nation that equality of opportunity, equal access to all aspects of society and equal rights guaranteed by the Constitution of the United States be provided to all individuals with handicaps;

5) the primary responsibility for meeting the challenge and problems of individuals with handicaps has often fallen on the individual or his family;

6) it is essential that recommendations be made to assure that all individuals with handicaps are able to live their lives independently and with dignity, and that the complete integration of all individuals with handicaps into normal community living, working, and service patterns be held as the prime objective; and

7) all levels of government must necessarily accept all responsibility for developing opportunities for individuals with handicaps.

This Act additionally authorized the President to call a White House Conference on Handicapped Individuals and on November 22, 1975, the President did direct that this Conference be held. The Secretary of Health, Education, and Welfare appointed a National Planning and Advisory Council (NPAC) composed of 28 members. They were individuals with disabilities, educators, rehabilitation specialists, medical personnel, social workers, government officials and members of families that included relatives with disabilities. The

Council shared the statutory responsibility of providing guidance for the planning and conduct of the Conference with the Secretary.

Dr. Henry Viscardi, Jr., was appointed by the President to chair the Council and the Council elected Dr. Harold Heller Vice-Chairman. The Secretary of Health, Education and Welfare appointed Jack F. Smith to the position of Executive Director of the White House Conference on Handicapped Individuals.

In accordance with the Act, the National Planning and Advisory Council and the Secretary of Health, Education, and Welfare requested and received the cooperation and assistance of Federal departments, agencies, and Federal advisory bodies having responsibilities in areas affecting individuals with handicaps.

The importance of hearing directly from people with mental or physical disabilities about their needs, wishes, and aspirations was recognized from the beginning. A ratio was established by the Council to apply to the selection of delegates to the National Conference: at least 50 percent were to be individuals with handicaps, 25 percent parents or guardians of individuals with handicaps, and 25 percent representatives of service delivery programs, organization of handicapped individuals, provider organizations, and other interested individuals or groups. Delegates were also to be representative of all minorities and disabilities.

The active input and involvement of Americans with mental or physical disabilities was essential if the mission of the Conference was to be achieved. That mission, as defined by the Council was:

- to stimulate a national assessment of problems faced by individuals with mental or physical handicaps;
- to generate a national awareness of those problems; and
- to develop recommendations for legislative and administrative actions to allow individuals with handicaps to live their lives independently, with dignity, and with integration into community life.

The process of the Conference called for every State, including the District of Columbia, and the Territories to conduct a conference prior to the National Conference. The Governors of the States and Territories appointed Directors to guide and conduct local forums, State and Territory conferences. Forty-six of the 56 State and Territory Directors were individuals with disabilities. The White House Conference staff provided planning and information guidelines, technical assistance and monitoring of $980,000 in grant monies to the States and Territories. In addition to the Federal grants, the States and Territories contributed another 1.7 million dollars in direct funding and in-kind services as evidence of their commitment.

Each State and Territory was requested to elect or select delegates and alternates to the National Conference. Thirty-six States chose to elect their delegages. The remaining States and Territories utilized other methods for selecting their delegates. The number of delegates to represent each State and Territory was based on an allotment formula that reflected an expenditure of Federal funds for services to persons with disabilities as specified in the Rehabilitation Act.

In addition, the National Planning and Advisory Council, acting in concert with the Secretary of Health, Education, and Welfare, selected 100 delegates-at-large to correct State and Territory imbalances in disability categories and minority representation. While

all disability categories and minorities were represented in State and Territory selection of delegates and alternatives, it was determined from the record that individuals with a mental disability and the minorities should receive additional representation. As a result of this equalization initiative, Native Americans, Hispanic Americans, Black Americans, and Asian Americans were allocated delegates-at-large which gave them a representation in excess of their respective national population averages.

The NPAC continued to meet at regular intervals to develop awareness papers on the most important areas of concern to people with disabilities. These papers were forwarded to the State and Terrotory Directors to assist in the deliberations at the local, State and Territory conferences.

Issues of concern were developed through input from persons with disabilities, organizations of the disabled and from existing materials. These issues were submitted for consideration to the representatives of States and Territories who also had the opportunity to surface the concerns of handicapped citizens at their respective conferences.

State and Territory Conference Directors reported that over 100,000 persons took part in the local, State and Territory conferences. These conferences received excellent news media coverage as well as the support of local, State and Territory officials. Each State and Territory was assigned the task to assemble and submit to the NPAC a report which reflected the views and recommendations on issues of greatest importance to the State and Territory residents with mental or physical impairments.

The National Planning and Advisory Council formed a non-profit corporation called Assistance for Disabled Americans (ADA). The members of ADA were selected from the NPAC. The major function of ADA was to raise funds to sponsor certain Conference activities for which there were no budgeted public funds. The ADA also provided the funding for the regional meetings of the Industry-Labor Council.

On June 9, 1976, by resolution, the ADA Board of Directors established the Industry-Labor Council, co-chaired by George Meany, President of the AFL-CIO, and John R. Opel, President of IBM Corporation. The Co-Vice Chairmen were A. Dean Swift, President of Sears, Roebuck & Company, and Charles H. Pillard, International President of the International Brotherhood of Electrical Workers. This Industry-Labor council was to identify and analyze the problems inherent in the employment of individuals with mental or physical disabilities. Regional meetings of this Council were held throughout the country. These meetings provided the participants from industry and labor with a forum to share ideas, problems, and opportunities.

Recognizing the need for more input from minority groups, the NPAC authorized eleven regional Special Population Seminars to augment the data on special populations gathered in State and Territory conferences. Seminars were also held on Disabled Veterans, Children, Coordination of Service Delivery Programs, Long-Term Care Requirements of people becoming disabled early in life, Information Resources Seminars, and Unique Problems of the Non-White Population.

Over 22,000 recommendations were received by the Council from the State and Territory conferences and many additional recommendations were filed by the Industry-Labor Council and the special regional seminars. These were synthesized into 3500 recommendations which were to be discussed and designated priority by the vote of the delegates at the National Conference.

The National White House Conference was set to begin on May 23rd and continue through May 27th, 1977. Washington, D.C. was selected as the site for the Conference because the location provided ready accessibility to the President of the United States, his Cabinet, and Members of Congress and enabled these officials to participate in the proceedings of the Conference.

The management of the Sheraton Park Hotel in Washington, D.C. agreed to partially renovate and modify the hotel to provide the delegates, with mobility problems, a more barrier-free environment. Other modifications were made to accommodate the needs of the delegates with sight and hearing impairments. The modifications demonstrated the practicality of establishing a barrier-free environment throughout our nation.

The logistical challenges of organizing and conducting a conference for 3,700 delegates, delegates-at-large, alternates, observers and guests—many of them with severe disabilities—were without precedent. Representatives of consumer organizations were consulted concerning conference planning, and detailed planning sessions were held with the hotel management to carry out the logistics of the Conference. Training sessions were conducted for over 500 hotel employees. Seven hundred volunteers and a military honor contingent were recruited and instructed to facilitate the participation of the delegates.

To ensure that the delegates to the National Conference would be maximally prepared, a conference simulation was conducted with State and Territory Directors. It was a time for individuals who would lead the delegations to become totally familiar with the Conference facility and procedures. The program was then modified based on the input from State and Territory Directors.

The historical Conference officially opened at 8:30 p.m., Monday, May 23rd, 1977 by the President of the United States, Jimmy Carter.

NATIONAL CONFERENCE

IDAHO
HAWAII

NATIONAL CONFERENCE

The White House Conference on Handicapped Individuals was opened by the President who stated, "I am committed to the proposition that the disabled people deserve to control and shape their own lives. I am committed to insuring that our disabled citizens have the rights and the opportunity to function independently and creatively in our society, rather than be segregated from it."

In turn, Secretary Joseph Califano of Health, Education, and Welfare, told the participants, ". . . we will not turn back . . . the promise of this Conference will be realized . . for too long, America's handicapped individuals have been victimized by demeaning practices and injustices. But now there is recognition that unjust obstacles to self-determination and fair treatment must fall before the force of law . . . The 504 regulation . . will be a fundamental guidepost to the new era of civil rights for the handicapped".

A series of workshops formed the core of the Conference. They provided the interaction whereby delegates could actively work for a majority vote on personally preferred recommendations; they also defined and clarified the intent of the recommendations.

These workshops were: Educational Concerns (Pre-school, School Age, Post-School); Economic Concerns (Employment, Economic Opportunity, Economic Security, Industry and Labor); Health and Social Concerns I (Diagnosis, Prevention, Psychological Adjustment); Health Concerns II (Treatment, Research, Technology); Social Concerns II (Attitudes, Recreation, Cultural); Social Concerns III (Architectural, Transportation, Communications); Special Concerns I (Multiply and Severely Disabled, Service Delivery, Housing); Special Concerns II (Civil Rights, Special Populations, Disabled Veterans, Aging).

After the all-day workshops, the delegates convened each evening in their State caucuses to discuss and vote on recommendations, to suggest word changes in recommendations and to develop resolutions for consideration by all the delegates. The delegates' votes on recommendations were put on a computer for final tabulation. This vote designated the priority of those recommendations believed to be the most important for action by the President and the Congress.

One of the many benefits of the Conference was the emergence of organized groups formed by persons who joined with others in the discovery that their concerns were shared. The White House Conference also served as a forum for the expression of many divergent views for the Conference to consider.

The success of the White House Conference in creating a national awareness was demonstrated by its impact on the news media throughout the five days of the Conference. The news media register reported the attendance of 412 representatives. Both UPI and AP filed wire stories daily. National television along with radio stations and local newspapers built this interest in the Conference through their coverage. State and Territory conference media coverage and the use of six Television Public Service announcements also contributed to the White House Conference's mission of creating a national awareness of the problems and potentials of individuals with disabilities.

The National Endowment for the Arts in collaboration with the Assistance for Disabled Americans, the Office of Education, the President's Committee on Mental Retardation and the National Park Service sponsored cabarets each evening. The cabarets featured various professional performers. Each one had some disability. It was a remarkable demonstration by talented individuals of how they dealt with their disability and were able to achieve public acclaim for their performing talent. In addition to the performers, various artists demonstrated their skills and talents, presenting evidence that the arts are integral to the lives of handicapped people.

A barrier-free society needed by individuals with disabilities was dramatically presented in an exhibition sponsored by the Bristol-Meyers Company.

This White House Conference on Handicapped Individuals was called by many a most significant event in the history of the U.S. Capital. The closing meeting was marked by the presence on the speakers' platform of ten cabinet members or their representatives, two Senators, seven Congressmen, and a representative of the District of Columbia government.

Their very presence demonstrated the commitment of the Federal government to, as Senator Jennings Randolph said, ". . . bring to fruition positive, purposeful programs." He also told the delegates that he as Chairman of the Senate Sub-Committee on Handicapped Individuals of the Committee on Labor and Public Welfare, was introducing to the Senate a bill (S1596) to establish a National Center on Handicapped Individuals in order to conduct research, train personnel, and operate model educational and rehabilitation centers.

Brock Adams, Secretary of Transportation (DOT) said, "The recommendations you gave us are going to be the bedrock on which we take steps thoughout the United States to meet the needs of persons with disabilities so that they have a chance to live their lives fully and well." He also announced the directive that all standard size public buses purchased with DOT funds have a ground clearance not to exceed 22 inches and to be able to kneel to 18 inches and be provided with a boarding ramp. This directive will be mandatory as of September 1979.

Patricia Harris, Secretary of Housing and Urban Development (HUD), confirmed announcements establishing a new Office of Independent Living for the Disabled and that HUD had set a goal of 11,000 new housing units for Americans with disabilities.

F. Ray Marshall, Secretary of Labor (DOL), emphasized the necessity to enforce the regulations of Section 503 of the Rehabilitation Act and his commitment to do this.

Deputy Under Secretary for Management of the Department of State, speaking for the Secretary, committed the Department to opening opportunities for persons with disabilities.

The Commissioner of the Office of Education, Dr. Ernst L. Boyer, stated, "It is a top priority of this administration and of the Office of Education to see that school doors now begin to open and that we educate all handicapped individuals in this nation."

Max Cleland, Administrator of the Veteran's Administration, lauded the work that had thus far been accomplished by the delegates of the Conference and called for on-going dedication to bring about positive change.

Dr. David O. Cook, Deputy Assistant Secretary for Defense (DOD), told the delegates that there is a continuing effort to employ handicapped people. Currently, he reported that 48 percent of the employees in the executive branch who are disabled work in the Department of Defense.

Senator Robert Stafford of Vermont urged the delegates to "not let Congress forget you . . . do not be gentle in your reminders of what we in the Congress have left to do . . ."

Ed Roberts, Director of the California Vocational Rehabilitation Agency, reflected that, "the legacy of the past of separation, of isolation, of institutionalization, is to be destroyed. This legacy will be replaced by a plank of basic rights, of choice, of equality for all."

Health, Education, and Welfare Secretary Joseph A. Califano, Jr., in his closing remarks said, referring to the fact that 3500 recommendations resulted from the State conferences, "it is not possible to move equally on 3500 fronts." The Secretary maintained that as a responsible group, priorities must be designated. "Consider the most important in terms of enforcing your rights and providing opportunities to handicapped Americans . . ."

In closing he reaffirmed that ". . . we will enforce 504 . . . we will make these regulations work . . . they're fair, they're just, and they will (work) with your help."

While the Conference was primarily structured and based on 3500 recommendations covering 287 issues, most States and Territories and several special interest groups held meetings at which 156 new resolutions and 416 word changes were proposed.

The climax of the Conference was at the Thursday night general meeting at which these resolutions were presented. In an emotion-charged session, some delegates proposed staying until all proposals were acted upon. Others protested that time did not permit serious consideration of so many items. Finally, after much discussion the delegates voted to act upon the resolutions by mail-in vote.

In a final expression of unity and support, the delegates approved this resolution:

WHEREAS we who have been chosen by our respective States and Territories are here to bring attention to and resolve the problems and difficulties of all handicapped American people, whatever their ethnic background, religion, or disabilities, and

WHEREAS we desire to fulfill that vital function;

BE IT RESOLVED

(1) that we hereby support the White House Conference and its goals, and the spirit in which it was created;

(2) that we reinforce our intention and desire to work together for the common good of all handicapped people and express again our commitment to work with our lawmakers and each other for that common good; and

(3) that we recognize that no conference can meet all the needs to which it addresses itself, but feel the White House Conference on Handicapped Individuals is satisfactorily fulfilling its highest potential.

As the Conference concluded it was evident that out of the array of ideas and recommendations a program of action had emerged—a program primarily developed by persons with disabilities. This program will be translated into recommendations for administrative action by the President of the United States and for legislative action by Congress.

The next step, in the unanimous opinion of the delegates, is the establishment of a monitoring body to periodically review the implementation of these ideas. It would be the responsibility of this body to be sure that never again will people with disabilities "fall between the cracks" of programs that purport to enrich their lives, and to ensure the establishment of new programs which will help maximize the inherent potential of each mentally or physically handicapped person.

NATIONAL CONFERENCE FINDINGS

ATON-PARK
HOTEL

INTRODUCTION

The significant findings of the White House Conference on Handicapped Individuals are contained in twenty-five topical summaries. Each summary reflects the following Conference actions:

1) Recommendations adopted by delegate vote at the Conference, with proportional emphasis based on the size of the vote.

2) Resolutions developed at the Conference and adopted by delegates through mail-in vote, with proportional emphasis based on the size of the vote.

The original documents (Issues, Recommendations and Resolutions) used to prepare the summaries are included in Volume II—Part C to facilitate a more in-depth examination of Conference proceedings.

HEALTH CONCERNS

A. Recommendations

Recommendations for the Federal Sector

- Authorize funding to establish hospital-affiliated research facilities in outlying areas, including the American territories.
- Appropriate Federal funds for dissemination of the research findings of all federally-supported research organizations.
- Establish a central coordinating body (e.g., a national research center) to strengthen research efforts, assign priorities, and collect and disseminate findings to both public and private agencies.

Recommendations for the Federal and State Sectors

- Develop a media campaign to warn the public of the risks involved in drug/alcohol abuse, particularly during the formative years.

Recommendations for the Federal, State and Other Sectors

- Strengthen continuing education and training of service providers/researchers by such actions as:
  a) including rehabilitation management in physicians' training and board examinations;
  b) encouraging researcher interaction with the handicapped;
  c) selecting those most knowledgeable about the handicapped to provide professional training;
  d) providing scholarships and research grants;
  e) establishing a "State Professional Information Service".
- Initiate efforts to make the public aware of the need for research, to publicize successful programs, to disseminate results in a form understandable to laymen, and to promote research legislation. Existing agencies should play a stronger role.
- Provide incentives and opportunities which allow the handicapped to participate in research efforts, either as consultants or trained researchers, to identify relevant problems.
- Develop a registry of all services for individuals with handicaps and professionals by categorical conditions and make wider use of MEDLARS and MEDLINE.
- Coordinate more effectively the dissemination of research findings either through the efforts of HEW or, more generally, through a closer linking of the higher education and health care delivery systems.
- Conduct a major publicity campaign to educate the public in the need for prevention and early detection (including prenatal care), explaining its cost effectiveness and soliciting the public's support.

Recommendations for the Federal and Other Sectors

- Provide grants and other funding to attract medical and science professionals into the field of birth defects and genetics.
- Provide additional support for research with an emphasis on prevention, amelioration and reduction in the severity of handicapping conditions.

Recommendations for the State Sector

- Increase funding for community-based health programs.

Recommendations for the State and Other Sectors

- Investigate and document the extent of discrimination by insurance companies and require proof of added risk if handicapped persons are to be charged higher rates.
- Support continuing education/training of service providers in appropriate research areas.

- Emphasize, in public school education courses, such areas as health care and accident prevention, the risks of substance abuse, the importance of diet in prenatal care, etc.
- Develop education programs throughout all levels in the public schools which include handicapped persons.
- Provide health instruction through the public school system, with a particular emphasis on prevention, early detection and healthful habits.

Recommendations for Other Sectors

- Utilize a combined mass media, public school education approach, with the handicapped trained to act as informed educators, in order to raise public consciousness regarding basic needs of research.
- Provide access to genetic consultants at all clinics.

B. Resolutions

The two resolutions which reaffirm conference recommendations for the Research topic are: intensified research efforts in the area of prevention and treatment of handicapping conditions and centralized information and retrieval systems—particularly for dissemination of research and technological findings.

HEALTH CONCERNS II: TECHNOLOGY

A. Recommendations

Recommendations for the Federal Sector

- Utilize the 1980 census to gather data on disabilities and/or technology needs of the handicapped.
- Develop a central, computerized information system for consumers and professionals which would coordinate referral, research and funding information. The Department of Health, Education and Welfare should grant funds for the development of the system.

Recommendations for the Federal and State Sectors

- Evaluate vocational rehabilitation counselors on the quality of service provided rather than on the number of cases processed.
- Ensure quality and safety by establishing certification and licensure standards for personnel and products; establish quality standards and price controls; educate service providers regarding new technology and require continuing education as a condition of re-licensure; restrict government funding to approved technology which shall be periodically reviewed by a Federal underwriters laboratory; make third party reimbursement only to qualified professionals; and strengthen existing programs within States which are responsible for the regulation of medical devices.

Recommendations for Federal, State and Other Sectors

- Develop some form of national information dissemination system through such means as national/regional clearinghouses, local centers, toll-free hotlines, consumer publications, computerized research banks, etc.
- Develop a national computerized data bank on technology with State agency channels; connections to existing rehabilitation centers. Governors' committees could channel information through Federal Office of Handicapped Individuals.
- Establish a national clearinghouse with a computer bank of information on available technology for access by consumers and

professionals utilizing liaison systems and to disseminate information to local areas.

- Educate handicapped persons to become "critical consumers," including provider training to ensure consumer awareness, publication of warning pamphlets, development of mass media programs accessible to the handicapped, and consumer protection agencies involvement.

Recommendations for the State Sector

- Provide statewide TV hookups for deaf persons and mandate TV captioning.

Recommendations for Other Sectors

- Train clinical engineers to perform as members of professional teams dealing with problems of the handicapped. The training curriculum for clinical engineers should include health care problems of the handicapped to enable them to serve on health care teams.
- Utilize handicapped individuals in the development of training programs for clinical engineers.
- Educate handicapped individuals as to desirability of their authorizing information on their disabilities.
- Develop guidelines to protect patients' anonymity and potential benefits, and protect against physicians' liability.
- Establish competitive, handicap-run, non-profit manufacturing and repair companies. Have handicapped individuals participate in design and manufacture of devices.
- Prioritize technological problems to be solved utilizing technologists and handicapped groups.

B. Resolutions

Delegates express support for the following resolutions which endorse conference recommendations: establish centralized information and retrieval systems—particularly for dissemination of research and technological findings; mandate training and educational programs for health care providers regarding the special needs of handicapped consumers; and ensure consumer participation in health care delivery services.

HEALTH CONCERNS III: DIAGNOSIS

A. Recommendations

Recommendations for the Federal Sector

- Develop multimedia programs to inform the public about various handicaps; to publicize the need for and benefits of early diagnostic services, with special attention to high risk populations.

Recommendations for the Federal, State and Other Sectors

- Stress the importance of early identification and detection.
- Train physicians, public health nurses, teachers, students and other professionals and paraprofessionals in early identification of chronic conditions.
- Sponsor screening programs for biochemical defects at birth and during childhood in schools, well-baby clinics and Early Periodic Screening, Diagnosis and Treatment programs.
- Use public and private efforts to more fully implement Early Periodic Screening, Diagnosis and Treatment programs.

Recommendations for State and Other Sectors

- Establish regional centers with outreach programs for diagnosis, referral, and treatment which utilize mobile laboratories and diagnostic teams to provide services to rural areas.
- Improve the quality and quantity of training of professionals in early identification of handicapping conditions.
- Provide more adequate communication and publicity to enable handicapped persons to find treatment services.

Recommendations for Other Sectors

- Integrate handicapped persons in regular home, school and work environments.
- Involve parents in developing treatment plans.

B. Resolutions

Specifically related to the Diagnosis topic were resolutions supporting the Conference recommendations for establishment of regional centers for provision of early identification and diagnostic services, including hidden handicaps and the need for insuring universal availability of early identification and comprehensive diagnostic services.

HEALTH CONCERNS IV: PREVENTION

A. Recommendations

Recommendations for the Federal Sector

- Appropriate funds for a university-based, collaborative research study on environmental hazards; results should be publicized by a public awareness campaign.
- Require State and local health plans to specifically address prevention in order to secure Federal funding.

Recommendations for the Federal and State Sectors

- Enact legislation to mandate third party insurance coverage of preventive health services.

Recommendations for the Federal, State and Other Sectors

- Increase funding and long-range planning for prevention activities.

Recommendations for State and Other Sectors

- Develop public education programs to teach procedures for effective use of existing emergency systems and increase the public's skills in lifesaving techniques.
- Increase the emphasis in medical school education on prevention, early diagnosis and treatment as primary areas of intervention.
- Emphasize effective education at the elementary and secondary school levels, particularly in the areas of health instruction. Necessary curricula should be developed and teacher manpower increased to meet this need.
- Provide comprehensive health education, including health, hygiene and sex education in both public and private schools.
- Provide funds for health and safety education, including such topics as drug abuse, accident prevention, genetic counseling, etc.
- Educate health providers concerning genetic counseling, nutrition and other preventive measures; continued education should be encouraged.

Recommendations for Other Sectors

- Increase public awareness through an ongoing mass media campaign, including TV/radio documentaries and statistics on potential hazards and causes of handicaps.

B. Resolutions

In the area of Prevention a significant resolution concerns the need for an increased emphasis on prevention in health planning, specifically, incorporation of preventive health care planning into the health systems plans under the National Health Planning and Resources Development Act of 1974 (P.L. 93–641). Delegates supported a resolution as well as a recommendation which urges that health insurance be implemented to meet the special and catastrophic needs of handicapped consumers, including preventive care. Resolutions also mandate training and educational programs for health care providers regarding the special needs of disabled individuals and that consumers participate in health care delivery services.

HEALTH CONCERNS V: TREATMENT

A. Recommendations

Recommendations for the Federal Sector

- Establish a National Health Insurance plan which is prevention oriented and designed to control costs.
- Appropriate funds to enforce the civil rights section of the 1973 Rehabilitation Act which relates to the right to treatment.
- Institute National Health Insurance for the handicapped and their families.
- Enact catastrophic health insurance as an intermediate step to National Health Insurance.
- Provide transportation for handicapped persons in rural areas so they may receive treatment and other services.

Recommendations for the Federal, State and Other Sectors

- Establish regional learning centers and require all health care providers to participate in continuing education. Groups such as governors' committees, State medical associations, and human services agencies should provide educational materials and sponsor continuing education programs.
- Provide treatment to mentally ill and retarded persons who are incarcerated in correctional institutions.
- Expand professional training curricula of health care providers to include new approaches in management of physical and mental handicaps and chronic disease; to enable providers to better understand the total impact of disability upon patients; to enable providers to make more skilled training and care referrals. Training opportunities should be expanded for physical, recreational and occupational therapists through training scholarships.
- Establish an information/referral system with a directory of public facilities and health resources for the handicapped.
- Educate the public about laws regarding handicapped persons' right to treatment.
- Conduct a needs assessment study by geographic areas.

Recommendations for Federal and Other Sectors

- Provide funds for grants for professionals' pre-service and in-service training.

Recommendations for State and Other Sectors

- Ensure that handicapped individuals participate and are trained as professionals in programs impacting on the disabled: planning boards, implementation and evaluation activities, boards of education, and training of professionals.
- Require training in early diagnosis in medical schools.

Recommendations for Other Sectors

- Ensure that genetic consultants are available for genetic diagnosis in clinics.
- Educate families and patients concerning treatment to enable participation as team members with professionals in treatment programs.
- Utilize a professional team in providing home care outreach services.
- Establish advocacy services to overcome client passivity, which include consumer self-advocacy programs in health care institutions; an organized handicapped persons/lobby at State and national levels; handicapped persons' rights/interest groups to petition legislatures; or a coalition of handicapped individuals.
- Support and supplement family communication/socialization opportunities via community interaction.
- Require all providers of services to the handicapped to receive training in rehabilitation skills and referrals; to be sensitized to special physical and psycho-social needs of the handicapped; to assist the handicapped in transition to and from institutional care; and to be aware of the dangers of substance abuse from prolonged medication.
- Provide health care using interdisciplinary teams in which patient and family participate in establishing treatment goals and follow-up plans. Encourage coordinated services and a holistic view of clients. Organize parent groups in clinics.
- Establish a client advocacy/ombudsman system sponsored by a citizens' advisory board to safeguard the rights of handicapped patients.

B. Resolutions

The following resolutions reaffirm the top rated recommendations for the Treatment topic: implement health insurance to meet the special and catastrophic needs of handicapped consumers; establish multi-disciplinary, comprehensive State/regional treatment centers with home care and outreach services to rural and remote areas; mandate training and educational programs for health care providers regarding the special needs of handicapped consumers; ensure consumer participation in health care delivery services; guarantee access by parents of handicapped children and youth to medical records; incorporate the goals and recommendations developed by the White House Conference into all health care plans and systems; and intensify research efforts in the area of prevention and treatment of handicapping conditions.

One new concern raised in the resolutions is that there be an emphasis on geriatric medicine in medical schools, and the training of professionals in problems relating to the handicapped aging population.

EDUCATIONAL CONCERNS

DELEGATE

A. Recommendations

Recommendations for the Federal Sector

- Encourage a number of actions regarding PL 94–142:

a) Congress should extend PL 94–142 downward in age to include 0–5 children and substitute "least restrictive alternative" for the term "mainstreaming".

b) Federal funding should be continued to the States to enforce, implement, monitor and disseminate information regarding 94–142.

c) States should be mandated/authorized to subcontract programs.

d) Efforts should be made to improve public information and support for implementation of 94–142 by 1980.

- Support a variety of efforts designed to promote greater public awareness and acceptance about handicapped individuals including

a) funding television networks to do special programming;

b) encouraging school textbook and materials publishers to more adequately and effectively represent the handicapped; and

c) encouraging professional organizations to disseminate specialized information through written materials, conferences, etc.

State and local governments should support these efforts.

Recommendations for the Federal and State Sectors

- Establish clearinghouses at Federal, State and regional levels to disseminate research findings to all interested persons involved with pre-school handicapped children.
- Mandate coordinated interdisciplinary pre-school intervention programs, the formation of interdisciplinary higher education eommittees to develop courses for pre-service and in-service training programs, and in-service training for all relevant professionals in areas which include early identification/diagnostic techniques, speech/language, physical development/therapy, emotional development, etc.
- Increase funds to provide programs and personnel to pre-school handicapped children. Funds should also be provided to private institutions and programs as incentives to integrate programs.
- Establish programs for early intervention such as infant stimulation; parent training and counseling; developmental centers with clinical services, and, when possible, trained parents as staff; diagnostic and placement services should involve parents in the process.
- Establish regional resource centers to coordinate information collection and dissemination efforts to assist parents and advocacy groups in being more effective. Develop more public information efforts to provide information which emphasizes needs, strengths and positive program results.

Recommendations for State and Other Sectors

- Provide early intervention services directly in the home by a primary therapist, backed-up by an interdisciplinary team. These services should be provided to the family as well as the child.
- Develop, through collaboration by States and universities, teacher education and in-service materials/courses to assist in developing positive attitudes and skills about integrated situations of handicapped and non-handicapped children. Parents and adult handicapped individuals should assist in this effort. States should

also provide or identify funds to support hiring and training aides to assist in the classroom.

- Develop a program for the training and utilization of home intervention strategists. Such programs should be coordinated through existing public and private agencies/organizations for children 0–2. Legislation or regulations should be revised to shorten the waiting period for homebound services.

B. Resolutions

Several resolutions ask Congress to mandate appropriate education for all handicapped individuals of all ages and to adequately reimburse educational systems and post-secondary institutions to help them provide services. Several resolutions address the particular needs of the population of handicapped individuals of pre-school age, and demand the estblishment of comprehensive educational identification and service systems to handle the needs of these children and their families. Advocacy and programs for pre-schoolers who are blind are requested in another resolution.

EDUCATIONAL CONCERNS II: SCHOOL-AGE

A. Recommendations

Recommendations for the Federal Sector

- Designate a portion of grants for research relating to the handicapped for the publishing of significant research results and dissemination to State Education Agencies and other State organizations that would be directly affected.
- Establish a national computerized clearinghouse to collect all research data, laws and information on services pertaining to the handicapped; and disseminate findings to those who have direct contact with the handicapped.

Recommendations for the Federal, State and Other Sectors

- Ensure that State Education Agencies and universities work jointly to assess States' training needs, develop model curricula and initiate more intensive and extensive in-service and pre-service training programs utilizing a wide range of State, Federal and local resources.
- Ensure interdisciplinary services for the comprehensive education of handicapped children by the following actions:
  a) University teacher training programs should require coursework on exceptionalities by all "helping profession" majors;
  b) develop Federally funded university centers to provide consistent interaction between universities and practicing professionals;
  c) expose students to handicapping conditions and persons by establishing field-based experience and practitioner opportunities; and
  d) develop interdisciplinary diagnostic centers.
- Fund fully all programs for the handicapped, fully implement PL 94–142, and ensure the following:
  a) for financially limited jurisdictions, provide immediate relief funding and funds for on-going model programs;
  b) provide a system of funding that pays all costs for the handicapped which exceed the average per pupil cost for a district;

c) match Federal funds on a pre-established basis to help insure compliance;

d) put special education funds "out-front" and not rely on local school districts to raise initial reimbursable funds; and

e) provide funds to hire a sufficient number of teachers for handicapped children.

Recommendations for the State Sector

- Mandate and be responsible for in-service workshops in local education agencies and universities to disseminate research findings to demonstrate utilization of research findings for parents, parent groups, advisory committees, and handicapped adults.

Recommendations for the State and Other Sectors

- Provide adequate pre-vocational and vocational training to insure maximum development of students/residents in all schools, institutions, and programs for the handicapped. This can be accomplished by:

a) hiring adequately trained staff to provide such services;

b) introducing pre-vocational and vocational skills into curricula for handicapped children;

c) establishing career education programs, work-study centers, and occupational facilities which include handicapped children from ages 5–21;

d) making available job counseling, placement, and exposure to different jobs for handicapped students;

e) developing intensive vocational training programs of at least 3 years, and in which the student receives increased on-the-job training; and

f) developing curricula which provide options for handicapped students to obtain increased vocational training opportunities.

- Form cooperative and consortium arrangements between community agencies and schools to expedite delivery of services available and avoid duplication. Such arrangements should include:

a) development of an inventory of services available;

b) cooperative programming among schools, libraries, park departments, recreational agencies, etc.;

c) utilization of some facilities and personnel for handicapped activities during hours of general nonuse;

d) providing highly specialized services to public schools under contractual arrangements; and

e) utilizing regional programs.

- Facilitate the integration of handicapped children into the regular classroom by launching a massive effort to give basic and continual training and opportunities to all teachers and support staff who will be involved with handicapped children. In such efforts include:

a) training special educators to support and be resource personnel to the regular classroom teacher;

b) regular education teachers to understand, accept and teach handicapped children;

c) administrators to learn practices and trends in special education administration, laws, rights, etc.;

d) elementary counselors in working with all children to facilitate integration;

e) physical educators to modify Physical Education curricula for the handicapped; and

f) volunteers and parents to serve as aides and substitutes.

- Develop a systematic process to inform the public of the manner in which the problems of special education are managed; this process to emphasize parents' rights and to produce information documents to be disseminated to the public.
- The State Educational Agency should:

a) provide all local school boards with information regarding legislation relevant to handicapped individuals;

b) stress skills and abilities of handicapped; and

c) make audiovisual materials available through libraries, community groups and PTA meetings, churches, etc.

B. Resolutions

Several resolutions ask Congress to mandate appropriate education for all handicapped individuals of all ages and to adequately reimburse educational systems and post-secondary institutions to help them provide these services. Of major concern is the strengthening, by enforced regulations and increased appropriations, of the present special education omnibus law P.L. 94–142.

Through the wording of the resolutions, the delegates feel that special attention should be paid to the needs of deaf children through age 25 and full, comprehensive spectra of resources and communication styles should be offered to them, as well as properly trained personnel. Year-round schools for severely and multiple handicapped children and programs of individualized instruction for all children with special needs are the inherent rights of such children and should be provided without further delay, along with coordinated services in both general and special education settings. Other resolutions ask for the elimination of labeling in special education programs, comprehensive programs that will reduce attitudinal barriers, and realistic guidelines for "mainstreaming" handicapped children.

The resolutions suggest that the delegates feel that vocational and career education for handicapped individuals are neglected areas in many school systems. The resolutions propose that more monies and personnel both at Federal and local levels and schools be made available to individuals with handicaps for this purpose. The special needs of children with handicaps for career education and guidance are addressed in one resolution which called for new career education research and demonstration projects and a handicapped representative on the National Advisory Council on Vocational Education.

Further, it is resolved that State and local education agency personnel should be subject to "civil liability" actions if they do not provide free, appropriate education for all children with handicapping conditions.

Other resolutions ask for funding of advocacy training for parents and for financial assistance to States for consumer/ parent advocacy efforts in order to help children obtain the rights of adequate education.

A. Recommendations

Recommendations for the Federal Sector

- Mandate private business training of handicapped individuals with financial incentives to business over a limited period.
- Enact legislation that establishes a National Center or Commission on Continuing Education for the Handicapped that will deal with the needs of the handicapped and which will be empowered to initiate and fund programs.

Recommendations for Federal, State and Other Sectors

- Ensure that governmental agencies and institutions of higher education seek input to research programs on a continuing basis from handicapped persons and their families.
- Ensure that governmental agencies and institutions of higher education institute research programs which address themselves to educating parents of postschool handicapped in the ways their adult offspring can be helped to become more independent and autonomous.
- Change the policies of Vocational Rehabilitation Departments and State Divisions of Special Education so they can serve handicapped individuals over 21 years of age.

Recommendations for the State Sector

- Provide incentive grants to community colleges which set up programs directed toward job training and maximizing personal achievement for handicapped individuals.

Recommendations for State and Other Sectors

- Improve the support services available in post-secondary facilities and provide funds directly to the disabled consumer to retain readers, interpreters, etc.
- Develop job training/internship programs through such facilities as schools, universities, and developmental centers. The programs should last at least three years and have adequate follow-up services after job placement.
- Include handicapped individuals in educational planning and policy-making groups.
- Insure that all continuing education programs offer necessary specialized assistance and support services to handicapped participants enrolled in the programs.

B. Resolutions

Several resolutions ask Congress to mandate appropriate education for all handicapped individuals of all ages and to adequately reimburse educational systems and post-secondary institutions to help them provide these services.

Many resolutions outline the needs of handicapped individuals in institutions of higher education. These resolutions recognize that such individuals should have architecturally accessible schools, adequate special transportation systems, and faculty knowledgeable in relevant teaching skills. In addition, more Federal staff and funds must be available to address post-secondary educational concerns. One resolution asks that 15% of all higher education funds and 25% of all vocational education funds be set aside for students with handicaps.

Funding is also urged for implementing and monitoring the 504 regulations on post-secondary campuses.

SOCIAL CONCERNS

SOCIAL CONCERNS I: ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS

A. Recommendations

Recommendations for the Federal Sector

- Fund college and university education departments to conduct studies regarding the attitudes of children toward individuals with handicaps to establish the time and manner in which such attitudes form, identify the most significant influencing agents, and determine mechanisms that can create more positive and realistic attitudes.
- Ensure that the Federal Communications Commission develops and implements appropriate policies and regulations to present handicapped persons realistically and positively, as well as places handicapped persons in influential positions within the FCC in order to establish and enforce these new policies and regulations.

Recommendations for the Federal, State and Other Sectors

- Institute studies to explore the most effective methods of training teachers to become effective change agents in the classroom so that positive and accepting attitudes toward handicapped persons can be fostered.

Recommendations for the State and Other Sectors

- Mainstream handicapped children with non-handicapped children as early as possible in day care centers, schools and recreational activities.
- Require a comprehensive course regarding knowledge of disabilities as part of the certification of all educators, counselors, physicians and social workers.

Recommendations for Other Sectors

- Disseminate information on the sexuality of handicapped persons by requiring education of professionals (physicians, counselors) regarding sexuality of handicapped individuals; developing community information centers where handicapped persons can get information on sex and sexuality; and requiring the staff of community-based agencies dealing with sexual matters to have knowledge of the needs of handicapped persons.
- Depict handicapped persons as "normal" in the entertainment media.
- Institute studies to explore the frequency and manner in which handicapped persons are represented in the media, and recommend mechanisms by which handicapped persons can be presented more positively and realistically.
- Encourage media cooperation in conducting public education programs that portray handicapped persons positively and realistically, use disabled persons as actors, develop TV documentaries that are positive, life-like, and depict discrimination faced by handicapped persons in various life situations.
- Eliminate unnecessary dependence on able-bodied persons by handicapped persons and their advocates assuming more responsibility for intermixing socially and speaking-out on issues.

B. Resolutions

Educational means are cited most frequently in the resolutions as effective ways of maintaining and developing positive attitudes toward persons with disabilities. These resolutions include the need for: programs of "Handicapped Awareness Day" for schools; curriculum about all manner of individual differences including handicaps; keeping special education personnel involved in regular

education programs to maintain correct educational perspectives; and "In-service" exposure for parents, general public and general educators for the development of positive attitudes.

SOCIAL CONCERNS II: PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES

A. Recommendations

Recommendations for Federal, State and Other Sectors

- Provide a system of comprehensive, coordinated, continuous psychological counseling and other support services in all States and Territories with Federal, State, local and private financing to handicapped individuals and their families.
- Develop comprehensive programs for handicapped persons in transition from an institution to the community including sensitizing the public and providing information, referral and outreach services.
- Fund efforts to develop barrier-free community alternatives that maximize individual independence and expand opportunities for handicapped people to reside in "least restrictive environments".
- Provide funds to develop, establish and support a core of trained paraprofessional handicapped individuals to facilitate mutual support and assistance. Special consideration should be given to training hearing-impaired individuals to work with other hearing-impaired persons.
- Finance pre-service, in-service and continuing education programs for students and members of all helping professions. The content of these training efforts should give attention to attitudinal awareness, sensitivity, interpersonal relations and communications.
- Focus research efforts on in-depth assessment and analysis of needs, psycho-social adjustment, family dynamics, and self-realization of handicapped individuals and their families.
- Hire handicapped individuals for roles in curriculum planning, instruction, service delivery and advocacy in training institutions and service delivery agencies.

Recommendations for State and Other Sectors

- Include practical experience and course work in disabilities and psychological support techniques, sexual and emotional needs and capacities, special communication needs and community resources in the training of service providers.
- Provide sex education information and counseling for handicapped individuals of all ages and their families through public and private schools, hospitals, and vocational rehabilitation and other agencies.

B. Resolutions

Two resolutions deal with sex problems and the sexuality of handicapped individuals. One resolution asks for research on sexuality that would include information gathered from handicapped persons and dissemination of these research findings. The delegates stressed that discriminatory legislation barring handicapped persons from engaging in sexual relationships be abolished immediately. In addition, equal access to sex education and sex counseling are needed, as is the training of persons who deal with these aspects of the psychological adjustment of handicapped persons.

A. Recommendations

Recommendations for the Federal and State Sectors

- Provide funding to encourage local recreation departments, private and commercial recreation providers, to expand programs or recreation services to handicapped persons, adapt existing facilities, to build new facilities, and to ensure accessibility to all (indoor and outdoor) recreation facilities.
- Provide grants to finance recreational projects concerned with serving the handicapped.

Recommendations for Federal, State and Other Sectors

- Make Federal, State and local parks and recreational facilities accessible by means of graphic signs, braille and auditory aids, barrier-free parking, designated trails, frequent rest areas, in-service programs for tour guides, and skilled personnel to instruct the handicapped in recreational skills needed for participation in a particular facility program.
- Educate government officials and bureaucrats to the recreational needs of handicapped persons by inviting the President, members of Congress, and other government officials to participate in recreational activities which have been adapted for use by persons with disabilities, and by liaison with governing representatives.

Recommendations for State and Other Sectors

- Expand university therapeutic recreation and special education programs to meet State continuing education requirements for elementary and secondary physical education instructors, and in-service training opportunities should be increased at the local level.
- Modify existing recreational facilities to accommodate the needs of various disabilities.
- Make every effort to integrate handicapped persons into existing recreational programs for able-bodied persons. However, when disabilities preclude participation in programs with the able-bodied, programs should be adapted or specialized to meet individual needs.
- Accelerate recruitment and training of handicapped persons as recreation personnel through funding and cooperation with universities, rehabilitation services, park departments, State government and the school systems.
- Utilize handicapped persons to evaluate the effectiveness of recreation programs for handicapped individuals.

Recommendations for Other Sectors

- Offer high risk recreational activities in local and private facilities, on an individual basis and when possible led by handicapped persons who are proficient in that activity.
- Establish handicapped lobbies composed of professionals and handicapped people to determine budget priorities for recreation programs and to formulate guidelines to insure recreational opportunities for the disabled.

B. Resolutions

The recreation resolutions stipulate that Federal financial aid is necessary to establish a national program for the recruitment, employment and training of persons with disabilities in parks and recreation; expand recreation programs serving handicapped citizens; increase research on recreation for handicapped persons;

enforce accessibility legislation in recreational areas; and assist local agencies in providing comprehensive recreation for individuals with handicaps.

The resolutions also call for cooperation among all levels of government, for the extension of Federal, State and local funding for current programs, and for the creation of a mechanism to coordinate Federal, State and local recreation services and resources for handicapped persons.

In order to increase recreation services for persons with disabilities, all services must be accessible, disabled consumers must be involved in the planning and operation of programs, leisure counseling must be offered, and a leisure resource center established. In addition, recreation programs and services must be planned and implemented at the institutional as well as the community level.

Several resolutions require action by specific agencies. The Department of Transportation must require accessibility for modes of transportation under its jurisdiction including leisure, tourism, and recreation. The Bureau of Outdoor Recreation must immediately revise its National Outdoor Recreation Plan to meet the needs of handicapped individuals. Also, the President should ascertain through his cabinet the state of all existing Federal recreation programs, direct the development of a plan to meet the needs of the nation's handicapped persons, and assign the Bureau of Outdoor Recreation as coordinator, with other agencies directed to cooperate.

Other resolutions call for organizations such as the National Recreation and Parks Association to become involved in developing needed legislation, following up the actions proposed by the White House Conference on Handicapped Individuals, and developing guidelines for qualified recreational personnel.

SOCIAL CONCERNS IV: PARTICIPATION IN CULTURAL ACTIVITIES

A. Recommendations

Recommendations for the Federal Sector

- Implement a public service campaign and lobby legislators to increase funds for cultural activities and programs for handicapped persons. Handicapped persons should work with the National Endowment for the Arts, Commission on the Arts, and the Federal Council on the Arts and Humanities in reaching this goal.
- Include specific provisions requiring arts therapy activities in rehabilitation programs and for model arts therapy demonstration programs in all Federal laws affecting the rehabilitation of handicapped children, youth and adults.

Recommendations for the Federal, State and Other Sectors

- Increase rehabilitation funds and staff to include art and culture.
- Encourage the National Endowment for the Arts, the President's Committee on Employment of the Handicapped, high schools, colleges and vocational education centers to develop informational materials, recruiting programs and training courses designed to make handicapped individuals more aware of existing career opportunities in the arts.
- Establish public awareness programs to promote accessibility for cultural facilities to the handicapped.

- Provide vocational rehabilitation funds for training of the handicapped and instructors in the arts, with a pre-testing program incorporated as part of this process.
- Fund pilot programs and award grants/scholarships for handicapped individuals pursuing the arts.

Recommendations for State and Other Sectors

- Ensure that educational agencies are cognizant of the needs of the handicapped and require educators at all levels to be instructed about these needs.
- Establish State and local "hotlines" for information regarding cultural programs, transportation, etc.
- Modify State and local building codes (including fire codes) to require accessibility to cultural facilities, including wheelchair attendants.
- Require all therapists and teachers to be instructed as to specific needs of the handicapped, utilizing methods such as drama and role playing.

Recommendations for Other Sectors

- Encourage the National Public Broadcasting System to have more cultural programming, plays and movies with interpreters for the deaf or captioning.
- Encourage handicapped individuals to participate, through cultural organizations and advisory committees, in the planning, implementation and evaluation of cultural programs.

B. Resolutions

A major cultural resolution urges that all television broadcasting stations be encouraged to have interpreting and/or captioning of general programs and newscasts. Delegates also support the establishment of mobile cultural facilities for homebound or institutionalized individuals. In addition, the National Endowment for the Arts should establish State programs with special emphasis on handicapped artists.

SOCIAL CONCERNS V: ARCHITECTURAL ACCESSIBILITY

A. Recommendations

Recommendations for the Federal Sector

- Provide tax incentives for new barrier-free construction and educate the public regarding the 1976 tax reform amendments which permit a tax deduction to remove barriers in existing structures.

Recommendations for Federal and State Sectors

- Conduct public awareness programs to convince the general public to accept accessible architecture as normal architectural style.

Recommendations for Federal, State and Other Sectors

- Enact additional legislation to strengthen existing architectural barriers laws by making them more specific regarding accessibility criteria and by providing strict enforcement procedures, including more severe penalties and fines for non-compliance.
- Provide more adequate enforcement procedures and more and better trained inspection personnel to assure strict compliance with architectural accessibility laws.
- Increase attention to the needs of persons with sensory impairments.

Recommendations for State Sector

- Establish accessibility compliance boards or enforcement agencies with adequate funding and disabled consumer participation.
- Designate an established authority within each State to certify and enforce correct use of the international symbol according to criteria clearly understood by individual building owners and managers.

Recommendations for State and Other Sectors

- Enact legislation to insure that standards requiring accessibility in residential structures, including rental housing and mobile homes, are incorporated in all building codes, and that certificates of occupancy are contingent upon conformance with these codes.

Recommendations for Other Sectors

- Involve handicapped individuals in the enforcement and implementation of architectural accessibility laws and codes by having them serve on compliance boards.
- Encourage handicapped citizens to take necessary political action to further architectural accessibility, such as lobbying for needed legislation, forming leagues of handicapped voters, and pressuring officials to mandate accessible structures.
- Require intensive courses in designing for accessibility in schools of design and require all certification examinations for design professionals to include test questions on accessibility.
- Coordinate design criteria for handicapped individuals with life safety criteria so that the safety of handicapped consumers will be assured in cases of emergency, through such provisions as fire and smokeproof elevators to be used for emergency evacuation and flashing alarm systems for deaf individuals.
- Portray handicapped persons in normal situations in the mass media, so that disabled individuals can gain acceptance by the general public and thereby make the public more sensitive to their needs.

B. Resolutions

The major resolution addresses the need for Federal legislation requiring companies engaged in interstate commerce to have barrier free facilities. Another significant resolution directs that the Architectural and Transportation Barriers Compliance Board be independent with substantially strengthened powers, increased funding, and a regional board network.

SOCIAL CONCERNS VI: TRANSPORTATION ACCESSIBILITY

A. Recommendations

Recommendations for the Federal Sector

- Amend Urban Mass Transportation Administration legislation and regulations so that no funds are granted for the purchase of mass transit vehicles which are inaccessible.
- Provide increased funding for the purchase and operation of accessible public and private transit vehicles.
- Broaden significantly the scope of and increase the funding for Architectural and Transportation Barriers Compliance Board.
- Amend existing Urban Mass Transportation legislation to include requirements for:

a) all Federally funded new public transit vehicles to be accessible;

b) local planning and advisory committees composed of at least 50 percent handicapped persons;

c) public hearings on proposed services for disabled individuals;

d) comprehensive local plans and implementation schedules to meet the needs of disabled persons; and

e) establishment of a National Advisory Council on Accessibility of Mass Transportation.

- Amend Section 16 of the Urban Mass Transportation Act to read: "It is hereby declared to be a civil right of elderly and handicapped persons to utilize the same transportation facilities and services as other persons; that special efforts shall be made . . . so that the availability to elderly and handicapped persons of equivalent mass transportation . . . will be assured."
- Develop regulations for relevant Federal agencies which require non-discriminatory treatment of handicapped individuals. These regulations should address the transportation design needs and attendant services of disabled consumers.
- Enforce strictly the transportation accessibility provisions of existing Federal legislation and regulations for all Federal agencies.

Recommendations for Federal and State Sectors

- Provide tax incentives to companies designing and manufacturing accessible vehicles.
- Authorize a tax deduction to compensate disabled persons for their extra transportation expenses, including personal vehicle operating costs, special transit fares, escort services, etc.
- Mandate through legislation and regulations that the insurance rates for handicapped drivers be non-discriminatory.
- Coordinate the use of all public agencies' vehicles, including rehabilitation agencies, education agencies and public transit authorities, to increase transportation services for disabled individuals.

Recommendations for Federal, State and Other Sectors

- Require all vehicles used to serve the public to be accessible to all handicapped individuals.
- Allow tax deductions for the purchase or modification of a personal vehicle so it is specially equipped.
- Provide public funds to promote the design of accessible vehicles and equipment necessary to adapt vehicles.
- Utilize paratransit (door-to-door service such as "dial-a-ride") as feeder service to public transportation or as a stop-gap measure until completely accessible public transit becomes available for severely disabled persons.

Recommendations for State and Other Sectors

- Amend the legislation of all agencies which administer programs affecting transportation services for handicapped persons, to include provisions requiring transportation accessibility and establishment of fines and other penalties for non-compliance.
- Enact legislation to establish or strengthen enforcement procedures for reserved parking.

- Establish ordinances in each community which stipulate that some reserved parking must be provided at all publicly-used facilities.
- Fund and develop instructional guidelines for and train public transit and paratransit personnel regarding the abilities and needs of, and appropriate assistance for, riders who are disabled.
- Include a significant percentage of disabled persons on policy and review boards concerned with transit services for handicapped persons and in other decision-making positions.

Recommendations for the State Sectors

- Develop fair and effective procedures for driver licensing of disabled persons.
- Establish statewide coordination or consolidation of transportation services and programs for disabled and elderly persons including coordination or consolidation of funds.

B. Resolutions

The resolutions concern gasoline and vehicle taxation, rural transportation, and accessibility requirements for vehicles purchased with public funds.

Specifically, a tax deduction must be provided to handicapped persons for gasoline and vehicle taxes for specially equipped vehicles.

Operating expenses as well as capital costs for providing accessible rural transportation should be funded by the Urban Mass Transportation Administration (UMTA) and UMTA's name should include the word "rural."

Federal and State legislation must be enacted requiring the accessibility of all vehicles purchased with Federal, State, and/or local funds as of January 1, 1978, and these vehicles must be equipped to provide appropriate travel information for persons with hearing or visual impairments.

SOCIAL CONCERNS VII: COMMUNICATIONS: TECHNIQUES, SYSTEMS & DEVICES

A. Recommendations

Recommendations for the Federal Sector

- Require closed captioning on T.V. for hearing-impaired persons.
- Authorize telephone rate structure adjustment to reduce long distance rates for deaf tele-typewriter users.
- Coordinate the development of standards for communication systems and devices for disabled persons.
- Fund research to develop an array of communication devices for communication impaired persons.

Recommendations for Federal and State Sectors

- Subsidize the cost of all interpreting services for hearing-impaired persons.

Recommendations for State and Other Sectors

- Establish interpretation bureaus to be used by hospitals, police, courts, etc., to meet emergency needs for interpreting of hearing-impaired persons.
- Establish sign language classes in universities and adult education centers as a means of promoting interaction of deaf and hearing persons and offering deaf people an opportunity to upgrade skills and increase their vocabulary.

Recommendations for Other Sectors

- Inform travel agency personnel of the special travel needs of persons with disabling conditions.
- Develop a consistent program of public service announcements to inform the public about different handicapping conditions.
- Promote the hiring of individuals with handicapping conditions in the media industry.
- Develop telephone communication devices for handicapped persons which are reasonably priced.
- Institute visual and auditory announcement systems in public transportation terminals.
- Implement changes in local school districts to insure that all persons with handicapping conditions can learn media through which communication can occur.

B. Resolutions

A major resolution passed by the delegates provides that Federal and State governments enact legislation, and the Federal Communications Commission issue requirements, to insure the accessibility of public telephones to all handicapped individuals.

Another resolution urges that all Federally supported universities and colleges be required to offer sign language and Braille courses. A related resolution mandates that sign language be offered as a language course for all students at the elementary, secondary and post-secondary level.

The delegates resolved that Federal legislation be enacted requiring all publishers to give copyright clearance for the duplication of appropriate materials for persons who are visually impaired.

ECONOMIC CONCERNS

A. Recommendations

Recommendations for the Federal Sector

- Amend the benefits section of the Social Security Act to remove current disincentives to work. Amendments should provide for higher levels of permissible income without loss of benefits, continuation of medical benefits during periods of employment extension of the trial work period, and other regulations which would stimulate and increase the entry of handicapped individuals into the work force.
- Revise and/or amend the Internal Revenue Service's corporate tax provisions to permit full, or partial, tax credits and/or deductions to employers of handicapped persons for hiring, training and facilities modifications for accessibility; payments for Social Security and Workmen's Compensation; special transportation of disabled workers; studies required for the implementation of job modifications; and, other expenses incurred in employment of disabled persons in the year in which they were incurred.
- Enforce Equal Employment Opportunity and Affirmative Action Laws. Include the words "physically and mentally handicapped" on employment forms regarding "unlawful to discriminate against." Enforce Section 501 of the Rehabilitation Act of 1973. Enforce existing law that does not require certification of a disabling condition. Hire an increased number of disabled persons in public agencies and institutions. Utilize five (5%) per cent quota system minimum. Establish fines for public agency and institutional personnel who have hiring responsibility and do not comply with existing laws and/or regulations (including executive orders).
- Create in the Small Business Administration a special department providing low-interest, long-term loans and counseling and technical assistance services, in connection with the vocational rehabilitation service, to handicapped entrepreneurs.
- Amend Sections 503/504 to establish goals and timetables for the implementation of affirmative action plans for the employment of disabled persons.
- Provide Federal funding for affirmative action compliance officers.

Recommendations for the Federal and State Sectors

- Provide stronger enforcement of legislation prohibiting job discrimination against handicapped workers.
- Expand existing advertising, educational and promotional programs funded by Federal and State agencies. Promote comprehensive, multi-media campaigns utilizing regional and local electronic outlets and print media outlets. Establish a nationwide Speaker's Bureau, composed of disabled persons and professionals who can present positive programs on employment of handicapped individuals.
- Strengthen affirmative action programs and allocate a number of positions for handicapped individuals in the civil service. Modify jobs, create career ladders for physically and mentally disabled persons and develop comprehensive staffing plans.
- Enforce all Civil Service Regulations regarding employment of handicapped individuals.
- Expand On-the-Job training and work experience programs so that all categories of physically and mentally handicapped

individuals may have an equal opportunity to demonstrate individual abilities.

Recommendations for the Federal, State and Other Sectors

- Include persons diagnosed as being disabled by emotional disturbances in all statutes, executive orders and amendments to State and Federal Constitutions which prohibit discrimination in employment against disabled persons.
- Develop programs to educate unions, employers, and the general public as to the capabilities of handicapped workers and the benefits of modifying tasks and providing special equipment so as to encourage employment of the handicapped.
- Maintain employee medical records in files separate from personnel records. Such medical records should be strictly controlled under regulations governing the Privacy Act, and release of records made only through a legally established need-to-know basis.
- Administer tests to disabled persons in barrier-free buildings. Modify tests currently used by the public and private sectors. Develop alternate tests which fit handicapping conditions and adequately measure jobs. Waive tests when appropriate and substitute Vocational Rehabilitation evaluation and placement procedures for matching qualified disabled persons to existing jobs. Permit use of oral examinations when appropriate.
- Require that all Departments and agencies provide Equal Employment Opportunity-type training sessions, emphasizing utilization of handicapped workers, for supervisory personnel.
- Develop a comprehensive plan of mass transit systems at the Federal, State and local level. All systems should carry a mandate requiring total accessibility and use. This includes public and private systems. In the private sector tax credits should be available for required modifications or purchase of new vehicles.

Recommendations for the State Sector

- Provide that all State Employment Service and Vocational Rehabilitation representatives be housed in common facilities. Employment Service should provide a handicapped representative at every Employment Service center, or Job Service office.

Recommendations for Other Sectors

- Create cooperative job training programs between private industry, trade union apprenticeships and training facilities, such as career education in junior and community colleges; area vocational centers, vocational education curricula and vocational rehabilitation.

B. Resolutions

The delegates resolve that the Civil Service Commission should improve employment opportunities by establishing an appeals process for handicapped individuals. Mentally restored individuals should also be eligible for excepted appointment and a full-time selective placement coordinator should be appointed in Federal agencies with more than 2,500 employees.

Training resolutions recommend that supervisors in industry be given awareness training, cooperative training and work experience that would assist handicapped individuals in making a transition from rehabilitation to job placement.

Follow-up programs in Vocational Rehabilitation should be improved. Financial, psychological and genetic counseling must be made available for families that include members who are physically or mentally disabled.

In addition, placement specialists should be located in each employment service office, skilled in job placement of handicapped persons, and Federally funded.

Training such as paid co-op experience and on-the-job training should be offered to disabled persons. A competency-based evaluation system should be created for job placement purposes.

ECONOMIC CONCERNS II: OPPORTUNITY

A. Recommendations

Recommendations for the Federal Sector

- Involve employers and organizations of employers at an early stage in the vocational rehabilitation process through visits to training centers and serving on center advisory boards.
- Provide all handicapped persons, regardless of employment status, with various direct subsidies depending upon the degree of disability. Eligibility for vocational and medical rehabilitation should remain constant, but the negative income tax rate should be adjusted inversely with the degree of disability and the individual's income. Benefits paid to the completely disabled, including retirees and children, should be above the poverty level, and tax free.
- Strengthen and expand Federal guidelines for training and hiring the severely disabled, particularly veterans. Include incentives for developing training and employment opportunities in "Projects With Industry".
- Provide funding to ensure that each Employment Service has at least one staff member fully involved in placement of handicapped applicants. The number of positions created to work with the handicapped should be based on each community's estimated incidence of handicapped job seekers.
- Develop rent subsidy programs for the handicapped persons comparable to those now available to low-income groups; subsidies for structural modifications should also be provided for handicapped homeowners and landlords who rent to handicapped tenants.
- Amend the Equal Credit Opportunity Act to include physical disabilities.
- Change the Employment Service funding method from a "unit/time" basis to a "services needed" basis so that necessary funds for on-the-job training, job placement, and supportive services for handicapped applicants can be provided.

Recommendations for the Federal and State Sectors

- Modify personal income tax provisions to allow deductions, exclusions or other relief for all extraordinary handicap-related expenses such as equipment, attendants, clothing, transportation, housing needs, home renovation, vocational training or schooling, and special cost to gain or hold employment.
- Develop programs to educate employers and insurance companies as to the meaning of the Second Injury Clause of the Workmen's Compensation laws. Related programs should be directed toward educating handicapped persons about the provisions of the laws.

- Establish an ongoing education program regarding job preparation needs of handicapped persons. Such a program should be based on a periodic assessment of existing programs and job market trends. The program should be aimed at legislators and at educational and rehabilitation programs that prepare handicapped persons for employment.

Recommendations for the State Sector

- Modify tax provisions on real property to exclude the cost of accessibility-related home improvements in determining the market value of houses owned by or rented to handicapped individuals.
- Require State Motor Vehicle Departments to issue an ID card to handicapped persons, upon certification of a disabling condition.
- Broaden existing credit legislation to prevent discrimination against the handicapped in credit matters and enact new legislation where necessary.
- Modify sales tax laws to exempt handicapped persons from paying sales taxes on all handicapped-related purchases, such as medicine, prosthetics, special equipment, clothing, communications, and transportation.
- Encourage the State Utility Commission to require the communications system to furnish special equipment to handicapped persons at cost or on a non-profit rental basis.

Recommendations for Other Sectors

- Encourage educational programs for rehabilitation specialists to include more practicum training with extensive exposure to handicapped persons.

B. Resolutions

Two major themes were expressed in the topical area of economic opportunity. They were equal pay for equal work and income tax incentives.

Tax deductions, in addition to standard deductions, must be allowed for unique expenses that accrue to disabled persons. One resolution suggested that a tax deduction and direct subsidies be given on degree of disability whereas the other resolutions urge that tax deductions presently given to blind persons should be extended to all handicapped individuals. Other suggestions include giving tax credits for job related expenses; (e.g., special clothing, prosthetic devices, gas tax relief for autos driven with manual controls, special equipment for the sensory disabled person such as deaf, blind, and deaf/blind persons).

It was also recommended that Federal funding be made available to make up any difference between production rate and the prevailing pay scale for the job. Under no circumstances should a handicapped person be paid less than a nonhandicapped person doing the same job.

ECONOMIC CONCERNS III: SECURITY

A. Recommendations

Recommendations for the Federal Sector

- Retain and clarify the legislative requirement in the Rehabilitation Act of 1973 for preference in services to the severely disabled and expand the services to severely disabled persons and their families.
- Amend the laws and regulations to increase the regular and trial work earned income allowed to disabled individuals without loss of

SSDI benefits. Regular earnings beyond this floor should then result in gradual loss of benefits on a sliding scale.

- Establish a guaranteed minimum income level for those handicapped persons for whom work is not an objective; such an income should have provisions for cost of living adjustments. Those with abnormally high living expenses should be eligible for supplemental payments.
- Provide the full range of fringe benefits to long-term employees through Federal support (grants, etc.) and build basic fringe benefit provisions into workshop programs.
- Support work activity centers to a greater extent under Title XX funding.

Recommendations for the Federal and State Sectors

- Enact legislation and appropriate funds to supplement the wages of persons employed in sheltered workshops so they can earn at least the minimum wage.

Recommendations for the State Sector

- Expand medical benefits to cover such items as drugs, medical hardware, and nursing to provide medical benefits to handicapped persons regardless of income or employment status.
- Enact legislation regarding private insurance companies which:

  a) prohibits denial of insurance to handicapped persons, including no-fault, solely on the basis of a handicap;

  b) insures the use of current and realistic actuarial tables for handicapped persons;

  c) obligates the State to pay any excess above the normal premiums assessed against handicapped persons: and

  d) prohibits the reduction of disability payments, once they begin, regardless of increase in Federal payments.

Recommendations for Other Sectors

- Establish neighborhood sheltered workshops to assist in mainstreaming handicapped persons in society.
- Make available court appointed attorneys for naive offenders; and police officers should be trained to recognize and assist disabled persons.
- Encourage advocacy and legal services for handicapped persons other than the mentally disabled, including retarded, deaf and other disabled persons.
- Operate work activity centers in public schools, recreation departments and day-care agencies to provide the advantage of mainstreaming severely handicapped children with their non-disabled peers.
- Utilize the work activity centers as an outlet for gainful activity, socialization and life enrichment for the severely disabled persons who cannot participate in regular sheltered workshop settings.
- Provide vocational evaluation and training services to handicapped individuals in sheltered workshops as an interim step to employment.

B. Resolutions

The disincentive caused by Social Security programs was the major focus of the resolutions addressing the area of economic security. Sheltered workshops was the other area of concern.

Supplemental Security Income laws and regulations need major revisions to allow higher earned income, extended medical benefits, and discriminatory private insurance practices, and eliminate housing restrictions. It is further resolved that a system for prompt handling of address and other changes be set up to expedite delivery of checks. The requirement for Supplemental Security Disability Insurance should not be on just medical determination, but functional and educational determinations as well. Supplemental Security Disability Insurance disincentives involving trial work periods and substantial gainful activity should be rescinded. The delegates also urged that SSI benefits for disabled persons not be reduced and that these benefits be extended to the U.S. territories.

There were three recommendations to improve sheltered workshops. Federal and State subsidies should be provided to sheltered workshops. Each sheltered workshop should have a placement specialist to assist workers find employment in the general labor market. Federal subsidies to provide fringe benefits such as vacation, sick pay, and health insurance should be established.

ECONOMIC CONCERNS: INDUSTRY-LABOR COUNCIL

A. Recommendations

Recommendations for the Federal Sector

- Ensure that a person living on disability income does not have to lose money by going to work; i.e., forfeiting benefits such as attendant cost reimbursement, subsidized medication cost, and transportation cost. Some method of continuing partial subsidization should be maintained.
- Enact national standardized Workmen's Compensation Second Injury Fund laws and allow more general use of Second Injury Funds.
- Encourage Vocational Rehabilitation to serve employers as well as their clients better by being committed to making clients truly qualified; closer job matches should be made; inappropriate referrals should be avoided by Employment Service and Vocational Rehabilitation; and placement specialists should work more closely with employers' placement officers.
- Sensitize placement specialists and employers to look at handicapped persons as individuals, not as problem "groups". Vocational Rehabilitation, Employment Service and other agencies must be able to do knowledgeable job analysis and to provide realistic training.
- Ensure that the law will permit tax deductions for modified facilities inside a corporation building as well as to provide access from outside the building.
- Make available tax exemptions for the modifications of buildings for use by the handicapped to all organizations, including non-business and non-profit ones.
- Enact the Kennedy-Corman Health Security Act which could remove many barriers to employment of the handicapped and reduce the medical side of workmen's compensation.

Recommendations for the Federal and State Sectors

- Encourage public meetings of all kinds to provide assistance for those whose hearing is impaired.

- Continue and expand educational, informational and awareness programs to reach all who are or should be concerned with ensuring affirmative action for the handicapped.
- Enforce, effectively and promptly, existing laws in regard to the handicapped.

Recommendations for the Federal, State and Other Sectors

- Ensure that more efforts are made to identify and use existing resources (e.g., CETA funds) for preparing handicapped persons for jobs.
- Encourage government agencies to be the first to comply with all regulations on employing the handicapped.
- Encourage Vocational Rehabilitation to sell itself as a "business service" and not as just another State agency serving handicapped people. The National Alliance of Businessmen and AFL-CIO could work together on this type of cooperation, and there should be national guidelines for levels of job training.

Recommendations for the State Sector

- Develop standardized listings—giving vital information, especially regarding degree of qualifications and specific client information. More public information and public relations regarding Vocational Rehabilitation services are needed for employers.

Recommendations for Other Sectors

- Encourage architects and other professional people concerned with implementation of accessibility standards to become aware of what can and what should be done by requiring courses in professional schools and tests for licensing. Trade journals of architects and builders should include articles on accessibility.
- Encourage handicapped individuals, who are reluctant to "cut loose" from the sheltered situation, to take competitive employment by offering modified transitional employment to supplement their workshop income.
- Encourage employers to move aggressively to incorporate awareness training about the handicapped in the company and personnel training programs directed at attitudes and biases stemming from fear and ignorance regarding the disabled.
- Consider and develop "at-home employment" where feasible that does not exploit or mis-use the handicapped.
- Ensure that higher health care insurance premiums for disabled persons to which employers contribute as well as employees, should be spread over a larger segment of society. This would act as an incentive for increased employer activity in hiring marginally healthy persons.
- Ensure that management and labor work more closely with workshops so that realistic training is given for "real" jobs, and not for those that are "make believe". archaic or obsolete.
- Encourage the AFL-CIO to draw up a "model contract" clause for handicapped employees, to be disseminated to the member unions for use in collective bargaining contracts.
- Establish a means for union leaders and management to routinely negotiate the reclassification of jobs within the seniority system when a severely handicapped individual can perform a job which is not normally an entry-level position.
- Educate employers and labor representatives regarding job requirements and how they may be altered to accommodate a

handicapped person. Medical personnel should have input regarding medical information and, themselves, be instructed in the real needs and capabilities of both the job providers and the job doers.

- Develop methods and pilot projects to help management and labor gain a broader understanding and appreciation of the contribution to be made by handicapped persons in the job market.

B. Resolutions

The resolutions involving the Industry-Labor Council focus on two areas. One involves model union clauses and the other addresses Federal manpower programs.

A model contract clause for handicapped individuals should be established for use by unions in collective bargaining. This would assist disabled persons to compete more fairly with other special populations.

All manpower programs (United States Employment Service, Vocational Rehabilitation) should be coordinated to avoid duplicating services, and funding formulas should encourage cooperation, not discourage it.

Efforts must be strengthened to promote employment of the handicapped through the Comprehensive Employment Training Act, National Alliance of Businessmen and Neighborhood Youth Corporation programs. In addition, income restrictions on eligibility for these programs must be eliminated.

SPECIAL CONCERNS

SPECIAL CONCERNS I: SEVERELY AND MULTIPLY HANDICAPPED

A. Recommendations

Recommendations for the Federal Sector

- Create a task force of consumers and relevant agency representatives to review and make recommendations for the revisions of the laws and regulations concerning Supplemental Security Income and Social Disability Insurance and to issue a report containing recommended amendments and revisions.
- Provide funds to Federal, State and local campaigns to educate the general public and decision-makers about the needs of the handicapped.
- Amend Supplemental Security Income legislation to remove the disincentives to work which are built into the current legislation.
- Support the development of local and regional legal advocacy offices, organizations, and advisory committees to advocate for the rights of handicapped individuals, and to identify weaknesses in existing laws and to propose amendments to alleviate those weaknesses.
- Liberalize deductions for charitable contributions in the tax structure to encourage contributions to organizations serving the handicapped.

Recommendations for Federal and State Sectors

- Support attendant training, certification, and employment. Trained attendants should be registered and on call for full or part-time assignments. Some attendants shall be handicapped.
- Make available State and Federal funds to encourage and strengthen coalition building and information exchange and to effectively educate legislators and others to the special needs of the different disability groups. Organizations representing the handicapped should join forces with government and private agency representatives to lobby for effective changes.
- Expand vocational training and work opportunities in and out of the home setting.

Recommendations for the Federal, State and Other Sectors

- Establish independent living centers on a pilot basis. The centers would provide training in independent living and socialization skills.
- Support the creation of centralized advocacy and information agencies.

Recommendations for State and Other Sectors

- Fiscal planning efforts should include handicapped individuals, parents and service providers.

Recommendations for Other Sectors

- Involve handicapped individuals in the political process on all levels and support candidates who will work to meet their needs. This will require public and private assistance in helping handicapped people to register, vote, and meet with candidates and elected officials.
- Provide support services designed to facilitate the independence of handicapped persons.

B. Resolutions

A resolution concerning the Multiply and Severely Handicapped adopted by the delegates asks for flexibility relative to Titles II and

XVI so as not to hamper self support in Approved Plans for Self-Support (APSS).

SPECIAL CONCERNS II: COMMUNITY AND RESIDENTIAL BASED HOUSING

A. Recommendations

Recommendations for the Federal Sector

- Expand housing policies to provide:

  a) guaranteed mortgages to non-veteran persons with disabilities

  b) low interest loans and tax incentives to persons with disabilities and landlords who rent to disabled persons.

- Establish a variety of financial incentives such as tax rebates, deductions, low-interest loans, grants and no property tax increases to consumers, families and builders who provide accessible housing.
- Ensure that all new, existing and renovated federally funded housing meet national guidelines for accessibility and that block grant and rent subsidy programs be expanded to provide flexibility in the development of community-based housing.
- Require the development of housing regulations that include attendant care, medical and nursing care, trained house parents and transportation services in local communities.
- Require communities through regulations to develop alternative living arrangements such as halfway houses and group homes.
- Amend housing regulations to allow handicapped persons who reside together to qualify as a family unit and share the cost of attendant services.
- Expand housing policy to provide additional funding to the private non-profit sector for developing housing for the handicapped.

Recommendations for the Federal and State Sectors

- Enforce anti-discrimination laws and barrier free requirements to ensure that all persons with handicaps, regardless of geographic location have full access to available and appropriate housing.
- Fund schools of design, architecture and engineering to develop curricula on barrier-free design and promote research and demonstration projects on low cost production of standardized fixtures and facilities, with consultation from consumer organizations.
- Allocate present and future capital construction funds only for community-based living arrangements which are proximal to and integrated with the life and resources of the community and which are small enough to be absorbed into the community.
- Invite unions, labor councils and civil service commissions to participate in all planning for deinstitutionalization.
- Promote policies to ensure the rights of all handicapped persons to live in the least restrictive environment.
- Enforce Section 504 anti-discrimination provisions of the 1973 Rehabilitation Act.
- Promote through housing policies integration of handicapped individuals with non-handicapped individuals whenever possible.
- Increase assistance to Supplemental Security Income recipients to promote independent living alternatives.

Recommendations for the Federal, State and Other Sectors

- Create interagency committees with consumer participation.

- Require standards for subsidized and unsubsidized housing that include widened doorways and hallways, lowered cabinets and sinks and accessible bathrooms where necessary.
- Determine the number of persons with handicapping conditions through Federal, State and local census and survey efforts.
- Support a variety of alternative living programs including subsidies to disabled persons and their families, home care, attendant care, respite care, follow-up care, day care.
- Develop legislation to fund a variety of community-based housing alternatives.

Recommendations for the State and Other Sectors

- Develop flexible living alternatives including nursing and attendant care, homebound arrangements, group living with or without mixed populations, special accommodations for multi-handicapped persons and accessibility for all persons to appropriate services.
- Amend zoning laws that prohibit the development of community-based residences.

B. Resolutions

Resolutions which receive strong endorsements from the delegates reaffirm their recommendations regarding group homes with no zoning restrictions and accessible life span support services systems at reasonable costs.

The delegates endorse resolutions which ask the Federal government to develop quality, innovative programs in "independent living rehabilitation" to assist handicapped persons who have not developed, or cannot develop, the skills to live independently.

They also urge that government agencies, planners and builders provide long term care facilities exclusively for the use of mentally competent but physically and neurologically disabled adults as an additional housing alternative.

In addition, boards of directors and administrators of private, non-profit corporations should be educated as to the special needs of the handicapped people they serve.

SPECIAL CONCERNS III: SERVICE DELIVERY SYSTEMS

A. Recommendations

Recommendations for the Federal, State and Other Sectors

- Ensure that all agencies affecting handicapped individuals have at least 50 percent consumer and/or parent/guardian membership elected to agency advisory or governing boards.
- Ensure that all evaluation programs include consumer participation.
- Handicapped persons should be represented on independent accrediting and licensing boards or commissions and government agencies should establish regulations and standards for licensing examinations and/or accreditations.
- Establish a central information agency to produce and distribute information concerning available services.

Recommendations for the State Sector

- Prepare, publish and distribute a guide to legal and civil rights for children and adults with developmental disabilities, and their parents or guardians. The study of disabled persons' civil and legal

rights should be instituted as required studies in all university law school curricula.

- Extend required 60-day placement follow-up period by vocational rehabilitation divisions to one year. Employ additional staff to function as placement and follow-up counselors in every State regional office.
- Create a coordinated total service delivery system with defined roles, responsibilities and standards for personnel and programs at all levels. This system to be effective for handicapped persons from early childhood through old age.

Recommendations for State and Other Sectors

- Establish a legal mechanism to assure goal-setting and long-term care through regulations and standards which would require a team consisting of client, parent/guardian and appropriate professionals, to review and evaluate achievement of goals and care.
- Mandate that specialized agencies and programs must be basic requirements to avoid disabled persons being neglected in programs designed to serve all the people.
- Recruit competent and qualified service providers who have special concern for persons with disabilities. At accredited institutions of education there should be specialized professional curricula.

Recommendations for Other Sectors

- Support longitudinal studies of severely disabled individuals whose characteristics and needs change across their life spans.
- Develop regulations for more extensive grants for research, and implementation of the results of such research, in the field of bio-medical-engineering.
- Ensure that advocacy groups perform roles covering public information and consumer referral; also advisory to, and evaluation and monitoring of, service delivery systems.
- Create an American Bar Association Task Force with mental health and retardation agencies represented to propose alternative solutions to institutionalization, to increase responsibility of guardians, and to expand commitment laws to more than one level, and develop stricter laws on child abandonment and neglect.
- Influence private insurance companies to begin to support therapeutic counseling and psychotherapy on a greater and broader scale and degree.
- Place individuals in independent living or group home facilities as opposed to institutions or nursing homes so as to maximize individual functions and minimize costs.
- Establish a cooperative consumer coalition, representative of all disabilities to provide support and power for all handicapped individuals; funding should be provided by individual membership dues. Resources should be utilized in providing consumer information to legislative bodies.
- Utilize advisory committees of consumers, providers and other interested individuals as consultants for policy development, planning, evaluation and budgeting of services delivered through rehabilitation centers and workshops, for specific disability groups, and for medical and psychological services.

B. Resolutions

Delegates ask Congress to mandate that service agencies at all government levels submit goals and evaluation methods for each funding period. They resolve that goal-setting include a method whereby each service recipient and/or their advocate participate in the goal-setting process and development of individualized program/service plans and that the evaluation system be based upon successful implementation of the individual service/program plan. The system must include any service provider who provides client services under a purchase of service agreement with any agency receiving public funds, and such agencies must have a consumer based advisory council, as must every private non-profit organization incorporated under Federal 501(c)(3) status.

Delegates resolve that joint evaluation between individual service recipients and individual service providers can be accomplished effectively as outlined in the recommendations. Also, joint evaluation to achieve coordination and consistency between the various components of the service delivery system can be accomplished by requiring funding sources to do cross comparisons of evaluations to discover gaps in service delivery. In addition, task forces of at least 50% handicapped persons should be established at Federal, State and local levels to serve as on-going mechanisms to evaluate and improve service delivery systems to the handicapped.

The delegates ask that follow-up action be taken to implement existing legislation, such as Developmental Disabilities Protection and advocacy systems. In addition, existing programs such as Intermediate Care Facilities for the Mentally Retarded, the Education for All Handicapped Children and the Rehabilitation Act of 1973 must be enforced.

The delegates also resolve that any new major agency which may be established relative to handicapped individuals be aimed at rehabilitation and habilitation.

A separate resolution urges that the Federal government mandate each State to set up a central office for program and service information.

The resolution vote also stresses the need for ombudsmen offices relative to disabled programs to be established at all levels of government, including a President's Ombudsmen Council at the Federal level.

Many resolutions support the top recommendations voted on by the Conference delegates and address the following actions: develop Respite Care Systems; eliminate need to declare educational major during the first two years of Vocational Rehabilitation funded higher education; study appeals practices of all State Rehabilitation departments; continue categorical program approach for services to handicapped persons; provide comprehensive support services to families of handicapped persons; create Regional Service and Resource Centers to provide all auxillary support services to disabled adults; provide insurance and increase tax deductions for handicapped individuals and their families; promote deinstitutionalization through development of transitional programs and review of State commitment laws; establish and enforce programs to ensure goal-setting in long-term care; establish strong, Federally funded advocacy programs to

ensure rights of handicapped persons; and create an independent Ombudsman Office for disabled persons.

SPECIAL CONCERNS IV; CIVIL RIGHTS OF THE HANDICAPPED

A. Recommendations

Recommendations for the Federal Sector

- Amend the Federal Civil Rights Act of 1964 to include physically—mentally and visibly or invisibly handicapped persons including the expansion of the jurisdiction of the Civil Rights Commission to cover handicapped persons. Require appointment of handicapped persons to serve on Civil Rights Commission to oversee enforcement of anti-discrimination and affirmative action laws.
- Appoint a Special Advisor to the President for affairs of handicapped individuals or designate a representative of handicapped individuals on the President's Domestic Council for the purpose of communicating directly with the President and various Cabinet members; ensuring inter-departmental cooperation and prompt, full and complete departmental implementation of Congressional actions.
- Add a handicapped person to each cabinet staff with the sole responsibility to ensure intradepartmental cooperation and coordination to the advantage of the handicapped.
- Develop a quality control system to assess services provided rather than numbers served.
- Remove discrepancies for benefits to veteran and non-veteran handicapped individuals to ensure their comparability.

Recommendations for Federal and State Sectors

- Fund advocacy programs to serve as both an information and legal resource. Establish legal centers and services through Federal funding to underwrite legal fees of economically needy handicapped individuals.
- Require guarantees that ensure that the accuracy of risk data not be a criteria for determining insurability.
- Mandate vocational rehabilitation services for all handicapped, thus making the goal "least restrictive living" rather then "substantial gainful employment," and thereby mandating the goal of each institution as habilitation or rehabilitation and moving toward mainstreaming in the community.
- Provide more non-residential treatment and training facilities, as well as in-service training for activity directors.

Recommendations for the Federal, State and Other Sectors

- Establish Architectural and Transportation Barriers Compliance Boards with adequate enforcement mechanisms. Enact laws stating that buildings not found complying with existing and future accessibility laws would be ineligible to receive future funding until facility was found accessible.
- Provide horizontal configuration voting machines with levers accessible to voters using wheelchairs, also with braille or other identifying number labels so that handicapped persons can vote without assistance. An appropriate State agency should require that all political caucuses, registration places, polling facilities and voter information materials are accessible to any person with disabilities.
- Establish Federal and State Compliance Board to police affirmative action plans. State and local laws should be amended to

add mentally handicapped persons as a protected class and provide legislation for equal employment opportunity for handicapped persons in private and public contracts. At all levels, including the private sector, the burden of proof should be on the employer under Sections 503 and 504 of the 1973 Rehabilitation Act.

- Train police, judges and lawyers on how to deal with and understand various mental or physical disabilities.
- Provide help so that the handicapped can sit on a jury (i.e., signers for the deaf, etc.) and no exclusion should be made just because the person is handicapped.
- Emphasize affirmative action programs to protect the human, civil and constitutional rights of deinstitutionalized persons.
- Require that all public agencies and hospitals have sign language interpreters available upon request for clients or visitors.
- Awareness campaigns should be conducted at Federal, State and local levels to show that handicapped persons have the same basic needs as those who are not handicapped, and that handicapped persons should not be discriminated against. Health professionals should be educated at Federal and State levels through publications and school curriculum concerning the rights of handicapped persons to marry, procreate and rear natural and adopted children.
- Enforcement of Public Law 94–142 should be mandated. A program to accelerate hearings and appeals proceedings where equal education opportunity laws are not enforced should be established at Federal, State and local levels. Funds should be withheld for non-compliance in education of handicapped individuals.
- Enforce accessibility statutes as civil rights statutes (i.e., accessibility is civil right) with private rights to sue. The Rehabilitation Act of 1973 should be clarified as amended, including its regulations to assure architectural and transportation accessibility as a civil right relating to publicly-used buildings, vehicles and transportation systems and services. The 1964 Civil Rights Act should be amended to make architectural and transportation (i.e., environmental) accessibility a civil right for all publicly-used buildings and transportation vehicle systems and services.

The Civil Rights Act of 1964 must be amended to recognize and include the disabled as a minority group by adding the word "handicapped". The Federal government should be required under the equal protection clause of the Constitution to demand that all architectural barriers be eliminated.

Recommendations for the State SEctor

- Review and amend State laws regarding the right of physically and mentally handicapped persons (including elderly and nursing home patients) to marry, procreate and rear both natural and adopted children in compliance with the Federal Constitution.
- Conduct a quarterly review of handicapped persons committed to mental institutions.

Recommendations for the State and Other Sectors

- Provide legal services for persons with disabilities as deemed necessary.
- Train law enforcement officers to:
  a) Handle mentally ill or retarded persons;

b) Communicate with deaf individuals and/or translators;

c) Identify persons with physical or mental problems which may affect a person's actions;

d) Update techniques.

- Establish admission and retention procedures which assure that all due process rights are provided and that the quality of care, treatment rehabilitation and safety, comfort and welfare is fully assured.
- Require mainstreaming of handicapped individuals in regular public education systems.
- Special help for integration into a regular environment should be provided, as needed, at the State level.
- Encourage institutional residents to do as much of the institutional work as possible as job training activity and be reimbursed commensurately.

Recommendations for Other Sectors

- Enable the disabled person to choose those who are to provide primary home care services. Funds for such services should be dispensed through the individual with the disability.
- Include handicapped individuals in the development of guidelines and quality control systems.
- Provide appropriate help in the area of a handicapped defendent's rights, so that the handicapped defendent can understand the proceedings that he is involved in and a jury of the defendent's peers should be expected to include handicapped individuals.
- Provide counseling to such individuals and their families concerning the problems of coping with themselves and society.
- Ensure that agencies which serve individuals with disabilities have a client feedback procedure.
- Enable agencies which service individual clientele on a short-term basis to provide for adequate representation of individuals who are being served, or have previously been served, at their governing board meeting and on policy-making levels.
- Organize lobby groups at the State and Federal levels, of disabled persons, their relatives, and service providers, to encourage Congress and State legislatures to enact beneficial legislation.

B. Resolutions

Resolutions approved by the delegates at the White House Conference on Handicapped Individuals called for more adequate implementation, enforcement and monitoring of the enforcement of Sections 501 (Federal agency affirmative action), 503 (Federal government contractor affirmative action), and 504 (anti-discrimination in Federally-assisted activities) of the Rehabilitation Act of 1973 and the Education of All Handicapped Children Act of 1975. The delegates mandated increased Federal funding, staffing and training programs to provide legal services to handicapped individuals at State and local levels. Amendment of all Sections of the 1964 Federal Civil Rights Act to include persons with physical or mental disabilities as a separate, protected category and a greater involvement of the Department of Justice in the implementation and

enforcement of their civil rights were also endorsed by the delegates.

SPECIAL CONCERNS V: UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

A. Recommendations

Recommendations for the Federal Sector

- Outreach programs on all levels shall be funded to insure that available services are known and provided to handicapped minorities.
- Fund cultural awareness programs which would be mandatory for all delivery of services to handicapped persons and conducted totally by minority handicapped individuals in their own communities.

REcommendations for Federal, State and Other Sectors

- Multilingual individuals should be on the staff of public and private service agencies.
- Provide the inclusion of minority group members in the design of Evaluation Systems.
- Develop an independent inter-agency minority staff to evaluate the various services to minorities with handicaps.
- Enforce affirmative action in hiring and placement of handicapped minorities through enabling them to become economically independent.

Recommendations for Federal and Other Sectors

- Create awareness programs of the successes of handicapped minority individuals in positions of responsibility in the public and private sectors.

Recommendations for Other Sectors

- Handicapped minority representatives should coordinate resources and provide training to service agencies for handicapped minorities.
- Involve minority groups in the design, delivery and evaluation of services to minority handicapped individuals.
- Utilize specially trained minority persons to prepare census of minority handicapped information.

B. Resolutions

The resolution that received the strongest support requests direct Federal funding to Indian tribes for all services to handicapped Indians on reservations. It was also felt that legislation should be authorized to ensure adequate housing, transportation and other services and that these services should be funded through the Indian Health Services, U.S. Public Health Service, Department of Health, Education & Welfare. In addition, the delegates proposed that the 1980 census gather statistical information regarding the incidence of handicapping conditions among non-Whites and that they should be broken down categorically according to population sub-group.

The delegates also supported legislation to provide for unique problems of handicapped individuals in the Trust Territories of the Pacific Islands and other U.S. Territories.

Resolutions which support the recommendations receiving the highest vote by delegates include adequate outreach and identification of non-White handicapped individuals, full participation by Native Americans in the planning and administration of their programs, a needs assessment of handicapped American Indians,

equal financial support for programs and services for disabled native Americans, and the provision of interpreters for Spanish speaking handicapped persons at all information and emergency centers.

SPECIAL CONCERNS VI: UNIQUE PROBLEMS OF DISABLED VETERANS

A. Recommendations

Recommendations for the Federal Sector

- Review medical standards for military assignments, place disabled military personnel in non-combatant jobs, extend programs for rehabilitating alcoholics to other disabled groups, institute a program of retraining and reassignment to limited duty jobs, and consider transferring of military jobs to civil service.
- Amend Federal legislation to insure that increases in one benefit do not reduce the amount of other benefits and extend all non-service connected benefits to include medical care, drugs and Civilian Health and Medical Program of the Veterans Administration for wives and dependents.
- Establish a special commission composed of handicapped veterans and representatives of the major veteran organizations to review services offered by the Veterans Administration and to make recommendations for improvement of these services.
- Broaden citizen participation in research funding and allocations by utilizing local and regional committees; and exchange information with medical school research departments and private research laboratories.
- Coordinate and standardize all counseling services at the Federal and State levels, outlining geographic and other differences between programs and establish and publish proceedings for referral of disabled veterans to the appropriate community agencies, including provisions for contracting with private agencies.
- Develop a public and employer education program concerning the advantages of employing handicapped personnel with the Veterans Administration and other agencies.
- Eliminate or reduce income restrictions on non-service connected or service connected pensions by:
  a) establishing a sliding scale for employed disabled veterans with a floor above the combined Veterans Administration and Social Security Income or;
  b) setting a year's time period following employment before reducing pensions or;
  c) separating eligibility from earning power and;
  d) separating entitlement to medical care, supplies, and equipment from receipt of pension.
- Upgrade the quality and skills of Veterans Administration rehabilitation counselors and should improve its cooperation with State and community vocational agencies by publishing a comprehensive directory of all services available to disabled veterans identifying gaps and overlaps.
- Utilization by Veterans Administration of news media to interpret existing legislation, regarding disabled veterans and handicapped, to general public and prospective employers, and should present the rights of disabled veterans through workshops or other means.
- Upgrade Veterans Administration efforts to train and place disabled veterans by such means as:
  a) eliminating time limitations for education and training;

b) discouraging "case closure" until job placement is accomplished;

c) mandating counseling of all disabled at discharge;

d) extending training in semi-skilled, skilled and technical areas.

- Increase and expand Veterans Administration outpatient services by establishing more satellite clinics, utilizing traveling vans, and extending mental health programs.
- Provide funding to hire veterans service officers to inform veterans of rights and benefits.
- Provide coverage of Veterans Administration rights and benefits at the local level by such means as:

a) conducting meetings in all communities;

b) regularly updating information to regional public affairs officers;

c) stressing role of service officers and/or expanding public awareness campaigns and public relations budget.

B. Resolutions

In applications for employment "Veterans Preference" should be discontinued since entry into the Armed Forces is discriminatory towards handicapped applicants.

SPECIAL CONCERNS VII: UNIQUE PROBLEMS OF THE HANDICAPPED AGING

A. Recommendations

Recommendations for the Federal Sector

- Enact employment legislation which allows persons, regardless of age, to remain actively employed, without a means test.
- Expand the Supplemental Security Income program to provide additional special income maintenance for handicapped aged people, with additional exclusions to those already in the program such as attendant care.
- Expand Medicare and Medicaid benefits to include prosthesis, eye glasses, hearing aids, dentures, medication, attendant care and outpatient services.
- Develop and implement the following priority services through the Older Americans Act:

a) adult day care centers and facilities which provide an alternative to institutionalization by offering supportive, protective, and rehabilitative services to aged handicapped persons;

b) preventive helath services that promote the early identification and treatment of disabilities; and

c) protective services which include legal and consumer advocacy for aged handicapped people.

Recommendations for the Federal, State and Other Sectors

- Amend the functions of the vocational rehabilitation agencies by Federal and State directives to meet the needs of handicapped aged people.

Recommendations for Other Sectors

- Utilize televison and other media to familiarize the public with the special needs of handicapped aged persons and illustrate the potential for helping them.
- Utilize handicapped aged people as consultants, resource persons, and/or instructors in the training programs.

- Expand "home care" concept of service delivery to assist disabled persons to remain in their own homes and avoid institutionalization.
- Encourage existing agencies with legal services components to deal with the problems of aged mentally handicapped individuals.
- Involve handicapped aging persons as consumers in the planning and delivery of services.

MISCELLANEOUS CONCERNS

MISCELLANEOUS RESOLUTIONS

Alcoholism and Drug Abuse

The delegates consider alcoholism and drug abuse as being self-inflicted conditions, and hence, should be excluded from the definition of handicapped and from any legislation forthcoming from the Conference.

Armed Forces

Congress shall enact legislation prohibiting the Armed Forces from discriminating against individuals with handicaps in enlistments, pay, promotions, etc.

Commendations

Several resolutions expressed appreciation to key individuals and groups involved with the Conference including the President and his administration, Congress, Conference staff, interpreters, and entertainers.

A major resolution expressed support for the White House Conference goals and the manner in which it was conducted.

Disabled Women

Major resolutions, primarily concerning disabled women, include a number of directives to improve health services, training, information, and facilities as well as sensitizing health service providers and ensuring civil rights.

Future White House Conferences

Two resolutions reflect the strong interest of the delegates in legislation authorizing future White House Conferences on Handicapped Individuals. One recommends that a National Conference be held at three-year intervals, with State and Territory and local conferences to be held yearly. The other resolution calls for a Second White House Conference within ten years.

Hidden Disabilities

Two major resolutions called for the equitable consideration of the needs of persons with hidden disabilities to ensure that they receive the same services as other handicapped persons.

International

Laws and policies concerning persons with disabilities which are in effect in other countries and more "advanced" than those in the United States should be summarized and should be added to the final report of the White House Conference.

Library Services

The delegates strongly supported the need to fill the library position in the Department of Health, Education and Welfare for programs serving handicapped individuals, enact legislation and fund efforts to make public libraries accessible, continue funding for the Library of Congress, Division for Blind and Physically Handicapped, and have handicapped individuals involved in the 1978 White House Conference on Libraries.

Mental Health

Major resolutions concerning mental health included the need for upgrading standards and care for persons in institutions and alternative living settings as well as the provision of appropriate services for those in transition to a less restrictive environment.

Delegates also urge: ending job discrimination on the basis of psychiatric treatment, eliminating zoning barriers to group homes for mentally handicapped persons, promoting deinstitutionalization and community mental health programs as well as fully implementing and enforcing the right to education for all handicapped children.

A specific resolution calls for Federal funding of mental health centers which have an effective record in delivering services and establishing Ombudsmen to monitor such funding.

National Institute on Handicapping Conditions

A National Institute on Handicapping Conditions is called for by the delegates which would include a data bank, a registry of services and service providers, an ombudsman, consumer involvement, all research relating to persons with disabilities, and public awareness programs.

Non-Profit Organizations

Non-profit organizations must involve disabled individuals in the review of educational materials and fund raising plans to ensure that they reflect positively on handicapped persons.

Presidential Action

The President was commended for his personal commitment to the concerns of handicapped persons. He is also urged to set an example by employing qualified disabled persons in the White House, speaking only in accessible facilities, and using an interpreter for the deaf during public appearances.

The President was also encouraged to appoint a person, reporting directly to him, with authority to speak to and for the President on all issues related to handicapped persons.

Religion

The delegates go on record as calling on religious organizations to take steps at all levels to more fully integrate persons with disabilities into on-going religious activities. Included are recommendations to recruit persons with disabilities into leadership positions, removal of barriers, and training of existing clergy in communication methods, such as signing.

Sensitivity

It was also recommended that greater consideration be given to the individual needs of persons with handicapping conditions (i.e., visually and hearing impaired persons) by conference planners.

Staffing and Funding

All existing and future programs for Handicapped Individuals must be adequately staffed and funded.

State Directors

Funding of an Implementation Committee, including State Directors, to insure effective monitoring and the promotion of Conference recommendations was also of major concern. In addition, State Directors should be involved in the preparation of the final report.

Terminology

To eliminate the negative connotations and conceptions of individuals with disabilities, the delegates resolved that appropriate

language which enhances positive images of individuals as well as societal perceptions be used in White House Conference documents. In addition, the expression "deaf-blind" should be added in all conference recommendations which refer to either "blind" or "deaf".

OPEN FORUMS

INTRODUCTION

The White House Conference held Open Forums on two nights during Conference proceedings. The purpose of these meetings was to provide an unstructured format for the discussion of any subject relating to the needs and potentials of mentally and physically disabled persons or comments regarding the plan for, or conduct of, the Conference itself.

Participation in the open forums was unrestricted. The participants themselves were a heterogeneous group of official delegates, alternates, observers, and walk-in attendees from professional, technical and consumer ranks. Persons wishing to make verbal presentations, or submit written presentations, were asked to pre-register each day so that the chairperson would have a list of the evening's participants.

Attendance at the Tuesday and Wednesday sessions was about equal. In each case, approximately 60 people registered. However, not more than 50% of those registered appeared to present their remarks or submit resolutions. The over-all attendance ranged between 100–125 persons each night as presenters, commentators, attendants or observers.

The presentations were formally received by the chairperson, Dr. Martin LaVor, Senior Staff Associate for the House Committee on Education and Labor; and the following members of the National Planning and Advisory Council: (Tuesday) Mr. Bert Risley, Texas; Mr. Max Schneier, New York; and Ms. Sondra Diamond, Pennsylvania. (Wednesday) Ms. Jacquelin Allsup, South Carolina; Dr. Paul Hoffman, Wisconsin; Ms. Phyllis Harper, Iowa; and Ms. Barbara Sachs, Washington, D. C. Also, the Wednesday night panel included: Ms. Betty Griffin, Legislative Research Assistant to the Senate Sub-Committee on the Handicapped.

As a much needed adjunct to the regular workshops of the Conference, the open forums were very productive. The presentations were marked by the spirit and concern demonstrated by the persons involved, and the professional manner through which their opinions and resolutions were conveyed.

As a final note, the resolutions presented to the open forums may be found appended to the report of the White House Conference on Handicapped Individuals.

PROGRAM DEVELOPMENT

Resolved:

1. A program for the study, control, and prevention of hereditary and/or familiar diseases, deformities, and disabling conditions in general.
2. A continuing education program for in-service training of all personnel, salaried and voluntary, working for Vocational Rehabilitation activities, either full or part-time.
3. A continuous, universal community education program on Vocational Rehabilitation concerns, activities, benefits, attainments, and needs.

EQUAL OPPORTUNITY AND SOCIAL CONCERNS

Resolved:

1. Equal Opportunity must be given to each handicapped individual to participate in the life of the community, and to be serviced by the same institutions that service the non-handicapped

person, with the addition of specialized services that may be required by his specific disability.

Community health services should be available to handicapped persons, including but not limited to medical, dental, nursing, and mental health services. All personnel in public and voluntary facilities should receive in their professional training sufficient knowledge, understanding and insight to enable them to treat handicapped persons.

2. *Education,* considered a birthright of every child in this country, must also be available to handicapped individuals in the least restrictive and most normal environment. We recommend that handicapped children be educated in the public schools, with support services built in, if and as needed.

3. *Employment* must be considered a goal for the handicapped individual as any other person.

4. *Housing and residential care facilities* must be available, accessible, and appropriate to meet the needs of the handicapped.

5. *Recreation and leisure time activities* must be available to handicapped persons of all ages.

6. *Financial security* must be guaranteed in an amount which would allow the handicapped person to live with dignity, and to free the family from a lifelong burden. If the handicapping condition is such as to preclude this through employment, a grant should be provided to all such adults over 18, and to children whose family's income is insufficient to cover special needs. The employed handicapped person should be eligible for assistance in paying medical bills until he can assume his share of the costs. Income tax laws should recognize the extraordinary nonmedical expenses of handicapped individuals related to their impairments.

7. *Coordination* is as important as any single component of the service system. The individual client must be the focus of the service system.

8. *Transportation* must be available to any community or special service/or program.

RESOLUTIONS FROM UNITED CEREBRAL PALSY ASSOCIATION, INC.

Resolved:

1. *Prevention of Disability* insofar as possible through early detection of abnormalities in infancy, immediate, and continuing family guidance, and comprehensive habilitative services until maximum potentials are achieved.

Health Services and Medical Care for the protection of his general well-being and such additional special services as are required because of his handicap.

UCPA advocates a variety of measures to implement these goals. We support the goal of a suitable health care delivery system that will ensure good prenatal care, including income maintenance during the last trimester of pregnancy and three months thereafter. It is also important in our view to support genetic counseling, nutrition, family planning, and community education because the incidence of cerebral palsy is related to maternal malnutrition, the increased number of pregnancies, the undue frequency of pregnancies, genetic factors, smoking, the mother's age and infections. We feel that the federal government should embark upon a program of educating women and girls to the need for good health care

throughout their lives. There is also a need to make available a broad spectrum of services to stimulate the physical, intellectual, and emotional growth of high risk infants less than two years old. We feel that a registry of high risk infants and mothers ought to be developed. A universal financial system for health services payments should be established with both public and private sector participation.

2. *Barrier Free Public Facilities* which include buildings, mass or subsidized alternative transportation services and social, recreational and entertainment facilities.

To achieve this goal UCPA advocates that architectural barriers should be eliminated and that transportation appropriate to the needs of the disabled should be available. We feel that the Transbus, a prototype of an accessible bus developed with funds provided by the Department of Transportation, provides an excellent means through which public transportation throughout America can be made more accessible to the disabled. Inasmuch as Congress has clearly expressed its desire to see federally funded mass transit projects made accessible to the disabled, we feel that the Urban Mass Transportation Administration should require local transit authorities using federal funds to purchase buses to buy the Transbus.

3. That recreation facilities should be made accessible to the disabled and that local recreation authorities should accept their responsibility to program for the disabled as well as the non-disabled.

4. *Work* at any occupation for which he is qualified and prepared.

5. *An Income* sufficient to maintain a lifestyle comparable to non-handicapped peers.

6. Affirmative action requirement of Section 503 of the Rehabilitation Act should be vigorously enforced.

7. Reform of the income support programs which serve disabled citizens. At present an individual who wishes to participate in the Supplemental Security Income, Medicaid, Title XX Social Services, or Section 8 Rent Subsidy must apply to each program separately. It is UCPA's position that eligibility for these programs should be uniform. We feel that the system for determining eligibility and payment which is used under Title XX should receive broader application. Under Title XX those individuals having 80% or below the median income can receive services free and those at 120% or below of median income are charged on the basis of a sliding scale. It is also our feeling that in determining income eligibility, exceptional medical or other costs such as transportation and housing should be taken into consideration.

8. *Education* to the fullest extent to which he is intellectually capable, provided through the regular channels of American education.

We look forward to implementation of the Education of All Handicapped Children Act. We are, however, concerned about the need for greater effort in the identification, evaluation and placement of disabled young children. Our experience in the UCPA National Infant Collaborative Project has taught us that there are many advantages to be gained from such early intervention. We also learned the importance of including educational, medical, and social

psychological aspects in such a program of early intervention. It enables families to maintain their children at home and children at all levels of functional ability show improvement on the average in all areas of development. Therefore, we are concerned with the emerging trend of discontinuing pre-school education programs for the severely disabled in communities throughout the country.

We are also concerned about the needs of those disabled adults who were excluded from school during their formative years. We should be concerned as a society that their need for remedial and other educational opportunities be met.

9. *Live How and Where He Chooses* and to enjoy residential accommodations which meet his needs if he cannot function in conventional housing.

10. Elements designed to maximize development through efforts at making the resident as independent as possible.

11. Efforts to integrate the residents into the surrounding community.

12. Packaging of programs so that services other than housing which are necessary for independent living can be accessed by residents.

13. Remove structural and environmental barriers at voting sites and other buildings which are used in the conduct of public business.

SPECIAL SERVICES FOR DISABLED CITIZENS

Resolved:

1. All disabled should be included in the nutrition program, regardless of age with transportation provided.

2. The disabled should have the use of all Senior Citizens Centers in existence now where they should have their special needs met, such as information and referral. Reading - have volunteer or paid workers to read the mail to the Disabled, to help with any mail or documents and to be escorted to the various agencies if needed. There again, transportation must be provided for these people. If the existing centers are not equipped to do this service, then other centers should be provided geared to the special needs of the Disabled.

3. Better service for home care to many who are shut in and bedridden.

4. Meals should be delivered to those who are bedridden and shut in.

5. Most important, affordable, adequate housing with central dining room where at least one main meal would be served, where more direct services could be provided.

6. To have special attendants in all hospital and convalescent homes to help feed handicapped people.

STATEMENTS BY NEA OBSERVERS

The NEA supports a free appropriate public education for all handicapped students in a least restrictive environment which is determined by maximum teacher involvement. However, the NEA recognizes that to implement P.L. 94–142 effectively,

1. A favorable learning experience must be created both for handicapped and non-handicapped students.

2. Regular and special education teachers and administrators must share equally in planning and implementation.

3. All staff should be adequately prepared for their roles through in-service training and retraining.

4. All students should be adequately prepared for the program.

5. The appropriateness of educational methods, materials, and supportive services must be determined in cooperation with classroom teachers.

6. The classroom teacher(s) should have an appeal procedure regarding the implementation of the program, especially in terms of student placement.

7. Modifications should be made in class size, scheduling, and curriculum design to accommodate the demands of the program.

8. There must be a systematic evaluation and reporting of program developments using a plan which recognizes individual differences.

9. Adequate funding must be provided and then used exclusively for this program.

10. The classroom teacher(s) must have a major role in determining individual educational programs and should become members of school assessment teams.

11. Adequate released time must be made available for teachers so that they can carry out the increased demands upon them.

12. Staff reduction will not result from implementation of the program.

RIGHTS OF MENTALLY HANDICAPPED PERSONS

Resolved:

1. All mentally handicapped persons, regardless of age, should be entitled to all lawful protective rights normally afforded mentally handicapped persons who are under age 18.

2. The protective rights of all mentally handicapped persons, regardless of age, should include provision for their natural parents or legal guardians to:

   (a) Consult with and select the attending psychiatrist.

   (b) Inspect and visit daily mental institutions, both public and private.

   (c) Participate in all phases of rehabilitation programs.

   (d) Receive information about health, education and welfare programs.

3. Medical, educational and financial aid should be made available to all mentally handicapped persons, regardless of age, who are incapable of self support because of a mental disability, regardless of place of residence or parent's income.

DIGNITY AND CIVIL RIGHTS

Resolved:

The mentally handicapped should automatically by the civil rights law have the dignity of being termed as a worker or trainee as any other handicapped. The term "client" is a shelter for workshops to avoid paying minimum wages. We also are entitled by law to have

equality and live with dignity as any other citizen, handicapped or non-handicapped.

LIBRARY SERVICES

Resolved:

1. Libraries should take a more active role in the employment of the handicapped.
2. We acknowledge that many architectural barriers prevent the handicapped from taking full advantage of the services of many libraries. The ALA will urge that the modifications be made and assist libraries in getting the funds to accomplish this enormous task.
3. ALA would urge that the handicapped increase their efforts to make known their many information needs by participating as users in the State conferences as well as the forthcoming White House Conference on Library and Information Services scheduled for September 1979.

NATIONAL POLICY FOR DISABLED PERSONS

Resolved:

1. Suggest that existing legislation concerning the disabled veteran (housing, education, private transportation, etc.) and laws concerning the legally blind (tax deductions, equipment, etc.) be extended to all who have a permanent disability.
2. Deaf: Tax deductible medical expense for all devices and translators; cooperation from network TV for captioning as well as tax break for the special box for their own sets and equal opportunity for employment.
3. Blind and Visually Impaired: Tax deductible medical expense for devices; better job-training programs and equal opportunity for employment.
4. Wheelchair Bound and Walking Disabled: Improved prevention research; appliances; research into new design; lower cost and a maintenance/repair system and equal opportunity for employment.
5. Bedridden and Institutionalized Severely Retarded Mentally Ill: Adequate medical care; attendant care system; enrichment programs.
6. Hidden Disabilities, Learning Disabilities - neurologically caused: End discrimination at all levels.
7. Educable Mentally Handicapped/Trainable Mentally Handicapped: Improved facilities, training and treatment.
8. Aging Disabled: Geriatrics research and care; part-time attendants.
9. Multiply Disabled: Intensive and careful priorizing of needs in each individual.

EDUCATIONAL CONCERNS FOR HEARING-IMPAIRED INDIVIDUALS

Recommend the following be endorsed and implemented by the White House Conference:

1. That there be early identification and early intervention with binaural hearing aids wherever appropriate.
2. That dual programming options be made available to all hearing impaired children and their families, including, but not limited to, family counseling, interpreting services, and mainstreaming.
3. That diagnostic tools be validated to assist in determining the most appropriate placement for children.

4. That full funding be provided to *both* auditory-oral and total communication types of programming to avoid fractionalizing of budgets.

5. That teacher training institutions develop curricula which include courses in normal language and speech development in children, with majors and minors in total communication and auditory-oral approaches, and

6. That capable hearing impaired individuals shall be employed as administrators, teachers, paraprofessionals, etc., in school systems serving hearing impaired children.

PROGRAMS FOR VISUALLY-IMPAIRED CHILDREN

Resolved:

1. All services and programs for the child must be designed to give support, confidence, and comfort to an optimal parent-child relationship.

2. Comprehensive services should be made available to visually handicapped children and their families as soon as the visual impairment is recognized and/or diagnosed.

3. The visually handicapped child must be assured the services of specialists, appropriately trained in the education of visually handicapped children, and in the processes of evaluation, planning, and placement.

4. The medical community should be included as a partner in comprehensive services for the visually impaired child.

5. Institutions and programs for the training of teachers of the visually handicapped should recognize early child development and preschool services as a part of their training programs for professional personnel.

STEREOTYPING INDIVIDUALS WITH DISABILITIES

Resolved that the White House Conference on Handicapped Individuals adopts as fundamental premises the following:

1. The "handicapped" are individuals first and foremost and may have nothing more in common than the label "handicapped";

2. In order to offer quality assistance to persons who have disabilities, government and private agencies must first address the special needs of particular disability groups, and programs must be organized to target in on solving unique problems of particular disabilities; and

3. Society generally must cease stereotyping the handicapped; they must come to know us as people; and they must regard whatever disabilities we may have as part of our own individual sets of personal characteristics.

CONTROL OF EPILEPSY

It is recommended that the following recommendation be added to section HEC V–13:

ALL INSTITUTIONALIZED INDIVIDUALS MUST HAVE ACCESS TO QUALITY MEDICAL TREATMENT.

Resolved:

The Commission for the Control of Epilepsy and its Consequences recommends that the White House Conference on the Handicapped include in its priorities the need for planning and delivery of services

specifically designed to address and meet the unique needs of the neurologically impaired.

DOWN SYNDROME

Resolved:

The end goals of services to Down Syndrome must be independence and productivity and full participation in adulthood and that to insure the implementation of these goals all individuals with Down Syndrome have the right to:

1. Reading Instruction
2. Computational skill building regardless of the expectation of ability on the part of teachers and evaluators.

PROGRAM FUNDING AND MANAGEMENT

A conflict exists in most of the funding agencies concerning program management. Issues are:

(1) Should the agency make its decisions based on professional judgments of the needs? Such judgments might be generated by the National Academy of Sciences (NAS).

(2) Should the agency make funding decisions based upon "proposal pressure" from researchers? (i.e. Assume the researchers are best able to move in the proper direction).

(3) Should the decisions be made politically on the basis of pressure from consumer groups?

My recommendation is that the problem be approached initially through a special office of the Executive Office of the President. A special office with authority to influence policy could be instrumental in launching a new national effort in rehabilitation.

I recommend that the development of this office be coordinated with the efforts of the White House Conference on Handicapped Individuals. The White House Conference will powerfully influence the legislative and executive branches of Government and can serve as a spearhead for developing a new national research effort for the handicapped.

RELIGION AND THE HANDICAPPED POPULATION

Resolved:

1. To integrate persons with handicaps into active participation of church and synagogue life at all levels,
2. By aggressively recruiting persons with handicaps into the leadership (clergy, church committees, synagogue boards, parish councils and so forth) at all levels of religious organizational life,
3. By being mindful of and immediately beginning national programs and local congregational programs to overcome architectural barriers in church and synagogue buildings,
4. By initiating programs aimed at overcoming the attitudinal barriers of members to the handicapped,
5. By beginning training programs for rabbis, priests and ministers involving ministry to and with persons with disabilities,
6. By including ethnic minorities within religious groups,
7. By beginning training programs for clergy with emphasis on psychological and pastoral services for handicapped and their families,
8. By promoting quality of life for handicapped people, particularly in housing,
9. By developing religiously based curricula for children up through family levels,

10. By asking clergy to spend a day in a wheelchair, to wear a blindfold, to use crutches, in order to learn the problems of the physically handicapped,

11. By developing theologies sensitive to the universality of disability, promoting a self-understanding by all of themselves as somehow handicapped,

12. By continuing to extend the community of God to those who cannot be mainstreamed or deinstitutionalized,

13. By becoming advocates with handicapped persons, in their struggle for full civil rights,

14. By developing service programs (group study, transportation, counseling, genetic counseling) helpful to disabled persons and their families.

SOCIO-ECONOMIC AND HEALTH CONCERNS

Resolved:

1. That a law or ruling against pre-employment inquiries on handicaps by employers in the private sector be written. Subpart B84.14g Section 504 of the Rehabilitation Act of 1973 pertaining to recipients of Federal Funds which states that an employer may inquire into an applicant's ability to perform job-related tasks, but may not ask if the person has a handicap is appropriate.

2. That Congress appropriate funds for HEW to provide adequate personnel to assure enforcement and monitor compliance with Sec. 501, 503, and 504 of the Vocational Rehabilitation Act of 1973.

3. That income maintenance programs be designed to foster employment opportunities and independent living by allowing individuals to achieve adequate income levels through a combination of employment and supplemental income and social services.

4. That access to adequate, comprehensive health insurance be made available for all handicapped individuals until a national health insurance system is implemented. A subsidized premium program may be a temporary solution.

5. That appropriate Medicaid and Medicare eligibility be assured for those whose handicapping conditions are of such severity they are unable to purchase insurance at any price.

6. That any national health insurance system which is developed include comprehensive coverage for all handicapping conditions.

7. That a national program be implemented immediately to recruit, train and assign consumers to relevant service review boards.

8. That any board dealing with a recipient population which includes individuals with HIDDEN HANDICAPS should have HIDDEN HANDICAPS representation.

9. That consumers who are directly concerned with a service should be asked if they either need or want the service.

10. That consumer participation be increased in the evolution and administration of service programs be required.

11. That a major national effort be directed toward educating society about the problems of those with HIDDEN HANDICAPS, and that this educational program be designed to bring about a partnership between the medical and social service providers.

12. That childhood programs such as Early Periodic Screening, Detection and Treatment and others sponsored by the Bureau for the Education of Handicapped should provide within their guidelines specific questions used to identify children with hidden handicaps

within the mass screening process. Congress should appropriate necessary sums to provide personnel for these functions.

13. That information on existing services and resources be provided so as to direct those children identified as having hidden handicap(s) to the appropriate diagnostic and treatment services.

14. That there be established national information programs to inform the public about early warning signals of hidden handicapping conditions. That this program should be directed at principals, teachers and other community workers.

15. That the Early Periodic Screening, Detection and Treatment *concept* be extended to *all* children with full implementation of the program by FY 1980.

16. That *all* teacher preparation curricula include a basic course in handicapping conditions of childhood, with techniques for management in the regular classroom setting, including methods of facilitating healthy peer relationships.

PROPOSAL FOR FEDERAL COMMISSION

In recognition of President Jimmy Carter's announced plans to bring all programs serving the handicapped together and the need dictated by experience for delivery of specialized quality services for each handicapping condition, the participants of the White House Conference on the Handicapped take the following positions:

1) It is a basic human right of every handicapped individual to receive specialized quality services and to participate in the planning and development of these services.

2) Each handicapping condition should have specialized staffing to establish and carry out its programs and policies for the delivery of specialized services at all levels of Federal programming.

3) A Federal Commission of the Handicapped should be established to coordinate and direct the specialized services required for each of the several handicapping conditions.

4) Each specialized service should be under separate administration with inter-reaction and cooperation provided through the coordination and direction of the Commissioner.

OMBUDSMAN

Resolved:

If recommendations of the White House Conference once enacted and signed into law are to be actually implemented, it is apparent that there must be an "ombudsman" who as a first responsibility has the duty of representing the views, problems, needs, and rights of the handicapped before Congress, administrative agencies, and courts.

In addition to the responsibility of representing the handicapped, said ombudsman must have the freedom and ability to represent the handicapped i.e., the said ombudsman and his staff must be so located in the federal system as to minimize any undue influence which might be brought to bear by parties interested in the negation of legislation concerning the handicapped.

It *is* recommended that the position of ombudsman for the handicapped be established in the General Accounting Office of the Federal government.

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Resolved:

Our union will proceed with three firm initiatives.

First, we will join with you in asking that the handicapped be given equal access at all ages of their lives to all the fruits of human endeavor, including education, work, income, recreation, creative art—everything included in the phrase "the pursuit of happiness."

Secondly, in the Federal employee area where we are most active, I shall write President Carter asking him to instruct Federal managers to include in all collective bargaining contracts signed with Federal employee unions provisions to assure affirmative action for handicapped persons. These modifications should include not only the removal of all physical barriers but, far more importantly, the provision of specialized complete workshops and offices in Federal installations.

Further, I shall propose that in the case of all Federal workers disabled, whether on the job or off, the Federal government affirmatively seek to provide vocational rehabilitation to return these employees to work with the Federal government. If necessary, specialized workplaces for these handicapped should be developed in every major installation, including military bases, both to re-employ disabled Federal workers and to provide initial employment for disabled veterans and civilians.

Finally, I shall propose that in conjunction with the preparation of his annual budget, the President instruct that every department head submit to him personally a statement of the progress made in the affirmative action of employing the handicapped.

Third, we will propose and support corrective legislation. Legislation is needed to improve existing statutes and funding for Social Security Disability Insurance, the Supplemental Security Income program, the Veterans Compensation and Pension Plans and Federal-State Vocational Rehabiliation Programs.

RESOLUTIONS OF THE AMERICAN COALITION OF CITIZENS WITH DISABILITIES

BE IT RESOLVED by the Delegate Council of the American Coalition of Citizens with Disabilities in convention assembled this 22nd day of May, 1977 that:

1. In evaluation of all energy programs, this and all future administrations consider their impact on the disabled community,
2. This and all future administrations encourage, by federal incentives, the development and production of an energy efficient accessible private vehicle,
3. The administration continues to support the expeditious development of accessible public transportation as an alternative to the private vehicle, and,
4. Until such time as the above objectives are accomplished we demand:
   (a) the proposed tax on energy inefficient vehicles not be imposed, and
   (b) an equitable means of exempting disabled people from any additional punitive gasoline taxes be created.

AMENDMENT TO THE 1964 CIVIL RIGHTS ACT

Resolved:

That ACCD place as a primary goal the attainment of an amendment to the Civil Rights Act of 1964 that would include, as a protected class, people with disabilities.

FOSTERING IMPLEMENTATION OF P.L. 93-112, SECTION 501 AND 503

Resolved:

1. OFCCP and all other government agencies shall increase the number of qualified handicapped individuals in their employ as mandated by Section 501.
2. The Office of Federal Contract Compliance shall develop a comprehensive education program to inform the disabled community of their rights under Section 503, and in the conduct of such educational programs priority shall be given to contracts with organizations of disabled citizens.
3. In formulating and implementing their Affirmative Action Plans all federal contractors shall, with the assistance of disabled persons or organizations which include and represent disabled persons, review current policies and practices to ensure their compliance with the requirements of Section 503. After consultation with the above mentioned parties, federal contractors shall rectify any policies or practices that do not meet the requirements of Section 503, and take appropriate remedial steps to eliminate the effects of any discrimination that resulted from lack of compliance with Section 503.
4. The Office of Federal Contract Compliance shall develop a written procedure with time limits for completion of each step of their complaint investigation. Notice of this procedure shall be given to each complaintant, and the complaintant will be notified when each step of the investigation is completed.
5. The Office of Federal Contract Compliance shall establish and conduct mandatory compliance reviews of all federal contractors. These compliance reviews shall be completed within 120 days after a federal contract has commenced.
6. The OFCCP shall amend the 503 regulations to establish goals and timetables for the employment and promotion of handicapped individuals by federal contractors.
7. The OFCCP shall amend the 503 regulations to ensure that all final determinations of complaints are completed within 120 days of the date of filing.
8. The OFCCP shall assign specific staff knowledgeable about disabilities as liaison representatives to all other federal agencies who contract for goods and services. This liaison effort must include adequate information and training for all contract compliance representatives concerning the nature of discrimination against the handicapped.
9. The OFCCP shall amend the 503 regulations to establish the complaintant's right to appeal from any adverse decisions made by its investigators. Such procedure shall include the right of representation in a hearing before an administrative law judge.
10. The OFCCP shall publish quarterly a brief summary of closed cases processed in each of the Federal Regions. These summaries shall specify the discrimination charged against the employer, the disability of the complaintant, and the findings.

NATIONAL HEALTH INSURANCE

Resolved:
That ACCD supports and actively seeks a guaranteed, comprehensive, non-time related National Health Insurance financed through a social insurance program.

OMBUDSPERSONS

Resolved:
That ACCD give high priority to further the use of the Citizens with Disabilities as Ombudspersons.

REASONABLE ACCOMMODATION UNDER 501

Resolved:
That the Civil Service Commission be called upon to require Federal agencies to hire interpreters for the deaf, readers for the blind and personal assistants for other disabled people as needed as "reasonable accommodations" under Section 501 of the Rehabilitation Act of 1973.

FUNDING CIVIL RIGHTS PERSONNEL

Resolved:
That Congress authorize and fund all of the personnel positions requested by the Office for Civil Rights.

ACCESSIBILITY OF CIVIL RIGHTS OFFICES AND COMMUNICATIONS

Resolved:
That its officers and staff consult and advise officials of the Office of Civil Rights to assure optimum ease of communication by and with handicapped persons, and to ensure that all of its offices are entirely accessible to such persons.

WHITE HOUSE CONFERENCE MONITORING OF IMPLEMENTATION

Resolved:
That the President of ACCD appoint a body with decision-making responsibility to oversee the decisions of the White House Conference and assure effective implementation of the subsequent proposals. This body should report and be accountable to the Board of Directors of ACCD.

TAX INCENTIVES FOR PERSONS WITH DISABILITIES

Resolved:
(1) That additional transportation costs of disabled individuals incurred as a result of their disability shall hereafter be considered as tax deductible expenditures, and
(2) That an additional personal exemption be extended to cover disabled individuals.

EXPEDITIOUS IMPLEMENTATION FOR SECTION 504

Resolved:
That the Secretary of DHEW and the appropriate officials of other federal departments, agencies and instrumentalitites of the Federal government achieve expeditiously all necessary actions to implement the provisions of Section 504 and to take legal action if necessary to achieve the desired result.

RECREATION AND LEISURE ACTIVITIES

Resolved:
That the Board of Trustees of the National Recreation and Park Association strongly endorse the objectives of the White House Conference and wish to express appreciation to the President and

the Congress for this initiative to alleviate the inequities that lower the quality of life for the nation's handicapped citizens.

Be it further resolved that the National Recreation and Park Association further wishes to urge the participants in the White House Conference to give serious and detailed study to recreation and related leisure services as an important basic right of handicapped citizens. In this regard, NRPA encourages review and consideration of the following recommendations:

1. A national program should be established to facilitate recruitment, employment, and training of handicapped citizens in all areas, including parks and recreations. Such assistance should include financial aid for education and training for careers in parks and recreation.
2. Government at all levels, as well as the private sector, should be encouraged to extend current programs to provide financial assistance to public and private agencies serving handicapped citizens.
3. The Bureau of Education for the Handicapped and other federal units should substantially increase funding allocations for research to increase understanding of the factors contributing to satisfying recreation participation for handicapped persons.
4. A mechanism should be created to join authorities at the Federal, State and local level in a common effort to facilitate effective resource utilization with respect to the coordination, operation, and implementation of recreation and leisure programs and services for handicapped citizens.
5. The President is urged to direct the Department of Transportation to develop and adopt an affirmative action policy regarding accessibility as related to tourism and other leisure experiences dependent upon the various forms of transportation under its jurisdiction and control.
6. Federal financial support should be made available to establish effective mechanisms to enforce compliance with existing accessibility legislation particularly in relation to parks, recreation, and related leisure areas and facilities.
7. Organizations like the National Recreation and Park Association should become more involved in the development of legislation that is responsive to the needs and expectations of the handicapped citizen.
8. The White House Conference planners and delegates should recognize the inestimable values and benefits that leisure counseling can contribute to the health and well-being of all handicapped citizens and make productive determinations and subsequent recommendations that will instigate the planning and funding of leisure counseling programs and services at the Federal, State and local level.
9. The White House Conference planners and delegates should include provisions for the greatest possible involvement of concerned organizations such as the National Recreation and Park Association in conference "follow-up" and "feedback" to advocate and build upon the needs and accomplishments resulting from the White House Conference on Handicapped Individuals.

MAJOR ADDRESSES TO THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

May 23, 1977

1. The President of the United States
2. The Secretary of Health, Education & Welfare
3. The Executive Director of the White House Conference

REMARKS OF THE PRESIDENT OF THE UNITED STATES, JIMMY CARTER

Do you think we are making some progress now? (Applause) Do you think we have a long way to go? Do you think we are going to get there? Right on.

I am very proud to be here tonight in what I think is an historic occasion that will perhaps go down in the history of our country as a turning point in the minds and hearts of the American people in their long overdue concern about a large group of Americans, about 36 million, who in the past have too often been ignored.

This is the first White House Conference on the Handicapped. I know that this is a tremendous assembly of leaders who have fought a long and somtimes discouraging battle to arrive here in Washington tonight. But this is not the first meeting. There have been dozens and dozens of meetings attended by thousands of people in the 50 States of our country, and you have already brought to the consciousness of local and State officials an awareness of potential change for the better and many improvements that have already been made.

Labor and industry can work together with government to make sure that jointly our efforts are successful. There is hardly a national leader on earth in all the 150 nations tht span the globe who are not now thinking about two words: "Human Rights." And now we in our own country are applying those two words to the handicapped people of our country. (Applause)

It is long overdue. For too long handicapped people have been deprived of a right to an education, for too long handicapped people have been excluded from the possibility of jobs and employment where they could support themselves; for too long handicapped people have been kept out of buildings, have been kept off of streets and sidewalks, have been excluded from private and public transportation and have been deprived of a simple right in many instances just to communicate with one another. (Applause)

When I was inaugurated Governor of Georgia in January of 1971, I made a speech, and I said in that Southern State the time for racial discrimination is over, and I say to you tonight the time for discrimination against the handicapped in the United States is over. (Applause)

Thank you very much.

It would be a mistake for the rest of America to think that the benefits are only going to the handicapped because when you get freedom, we share that freedom, and when the handicapped get benefits of education and a job and a purposeful life, we all share in the benefits of that education, that job and a purposeful life.

The Bill of Rights for Handicapped was spelled out in Title V of the Rehabilitation Act of 1973, and we are going to enforce the regulations that are specified in that bill. (Applause) We are going to enforce the regulations that tear down the barriers of architecture and we are going to enforce the regulations that tear down the barriers of transportation.

I know you have heard the announcement made by Secretary of Transportation Brock Adams about the Trans-Bus. We have spent millions of dollars, the Federal Government has spent millions of dollars, investing in the kind of public transportation that would serve your needs, and I am going to really enjoy in the future, as soon as these buses can come off the assembly line, and all of the new ones

are going to be these kinds of buses, when they come up to you on the sidewalk and kneel down to let you get in.

As you know, section 504, of which I am sure you have all heard and of which I am sure now that Joe Califano has also heard, has provided a framework for the regulations that have now been adopted, and Joe Califano assures me and he assures you that these regulations are going to be enforced.

They require that when programs are made available to the public that those programs are made available to the handicapped public; that employers will give a handicapped person a fair chance to correct the handicap and to become qualified for an available job.

They require the tearing down of the barriers that I have already described to you. When Federal funds come to the Health, Education, and Welfare Department, and later on without delay they will apply to all programs of a similar nature, they will provide that a handicapped child for the first time in the 200-year existence of our country has the right to go to free public schools, and that that child has a right to go to free public schools in a regular classroom with other students.

It is almost inconceivable, and it is a reflection on all of us in leadership positions that these basic rights have been delayed so long. These are times for thanksgiving, but for a sustained demand and a time to assess other opportunities in the future.

The civil rights of handicapped persons is not the only element of the laws that have been put into effect. We have more than 100 different programs in the Federal Government already for the handicapped. They are administered by many different agencies. There are a lot of different kinds of definitions for the handicap of the same person, and that means that many of you who have sought for a long time to take advantage of these programs which the Congress and my predecessors in the White House have passed, have often had to go to four or five or six different agencies to get the simple treatment or opportunities which you deserve under the law.

It is time for us to change that, and one of the very good benefits of the reorganization authority that Congress has now given me is to bring all of those programs for the handicapped together into one agency so you can understand them and take advantage of them.

As I look out across this tremendous auditorium, with many different kinds of handicaps represented here, I know that many of them could have been prevented in your early life. And we are not just concerned about the correction of an existing handicap or an opportunity for those who are handicapped; we want to prevent the handicaps that might occur in the future.

We have already proposed to the Congress a program for the screening, the health screening, of poor children, and within just a few years we will multiply five times the number of poor, young children who have a chance to see a doctor early in their life so their potential handicap or affliction might be prevented or corrected.

We now have 35 percent of the young children in this country who are not even immunized or innoculated against preventable diseases. When I was a child many years ago almost 100 percent of all American children were immunized. We have started a new program now under Joe Califano's leadership and have asked the

Congress for authority to increase greatly this immunization program so that within just a short time we intend to approach the 100 percent level again.

There is a hope that there will never be any lack of memory for the struggle that has been effective in making this night and this conference possible. We want to be sure that we don't forget the handicapped among us who cannot hold a job, who cannot respond to a full education, but we want to make sure that even when they are dependent for constant help that they have every chance to grow and to learn and to take advantage of whatever great or small talent or ability God might have given them. We cannot forget them.

In closing I want to ask you to do one more thing, and that is that since you have bound yourselves together in a common purpose, understanding one another and overcoming the differences that exist among you, that now you try to understand the special needs of the non-handicapped, to understand the need of other handicapped people.

It is not a time for hatred or lashing out or recrimination or condemnation of the non-handicapped for the long delays in meeting your needs, because many people who are not handicapped cannot understand those special needs. So it is a time of education both ways, and for a realization that only when we work together, the handicapped who are leaders, the handicapped who will always be dependent, the potentially handicapped child who wants to have that prevented and the non-handicapped adult leader, when we work together we can continue to make even greater progress.

I know that in my own life I have been inspired by the courage that exists among many of you. One of my most proud moments was when we administered the oath of office to Max Cleland, a young man who now heads up a tremendous Federal agency, the Veterans' Administration. When he was a tiny child he used to always ask God some day to let him work for his country and serve other people. He went to Vietnam as a volunteer after he was qualified, having finished college for his own professional career. He stepped out of a helicopter one day and saw a hand grenade on the ground, and trying to protect his fellow servicemen, he lost two legs and one arm.

He stays in a wheelchair. But I have never been around Max Cleland when I realized or thought that he had any handicap that constrained the full realization of his early prayers, because he serves in government and he serves his fellow human beings. He is an inspiration to me, and his is an exhibition of constant courage which many of you also exhibit so well.

When I made my inauguration speech just a few weeks ago I quoted a schoolteacher of mine, Miss Julie Coleman. She was a principal in a tiny school I attended when I was a country boy. She taught me above and beyond the classroom how to write themes and how to debate and how to appreciate works of art and how to understand good music and how to read books that I would otherwise never have known to exist.

She was crippled, and she couldn't see the children in her classroom. I think she would have been a good teacher had she not been handicapped, but I think that nothing about her own

shortcomings in a physical way gave an extra dimension and depth to her caring about other people.

Your conference is important. You are intelligent, courageous leaders, but because you have experienced suffering and because you have overcome it, I think the recommendations that will be coming from you that will affect the lives of many millions of people now and in the future, will have that same extra dimension.

Our country needs you and I know that you will never disappoint those who look to you for leadership.

Thank you very much.

REMARKS OF SECRETARY JOSEPH A. CALIFANO

Good evening, and a very warm welcome to the White House Conference on Handicapped Individuals.

A White House Conference is a catalytic event—one that focuses concerns and develops an agenda for action on matters of the greatest national importance.

Tonight you embark on this Conference with three vital goals:

- First, to provide a national assessment of the problems and the potentials of individuals with mental or physical handicaps;
- Second, to generate a national awareness of these problems which have meant that handicapped individuals have in the past been an oppressed minority, subject to unconscionable discrimination, beset by demoralizing indignities, detoured out of the mainstream of American life and unable to secure their rightful place as full and independent citizens; and
- Third, to make recommendations to the President and to the Congress which, if implemented, will enable individuals with handicaps to lead proud and productive lives, despite their disabilities.

Too often, however, the promise of a White House Conference has not been realized after the hotels have emptied and the media have carried away their cameras and typewriters.

But I know that this Conference will be different.

I know it will be different, in part, because of the fine leadership provided to you by Henry Viscardi, Jr., Chairman of the White House Conference, and by Jack F. Smith, Executive Director of the Conference. They, and their many co-workers, have been sensitive to the strong demands from all of you here tonight,—and from the millions of handicapped citizens whom you represent—that the Conference emphasize practical, substantive issues that directly affect the lives of Americans with disabilities.

But the promise of this Conference will be realized for another, more profound reason.

We are now entering a new era of civil rights for the handicapped individuals of America.

And we will not turn back.

For too long, America's handicapped individuals have been victimized by demeaning practices and injustices. But now there is recognition that unjust obstacles to self-determination and fair treatment must fall before the force of law—an understanding that the nation as a whole must end the shameful neglect of handicapped citizens and help translate many of their legitimate needs into legal rights and meaningful programs.

Last month, I signed a regulation implementing Section 504 of the Rehabilitation Act of 1973. As you know well, Section 504 prohibits discrimination solely on the basis of handicap against otherwise qualified handicapped individuals, in programs receiving federal financial assistance.

The 504 regulation is a landmark in the quest of handicapped citizens for equal treatment, and it will be a fundamental guidepost to the new era of civil rights for the handicapped. It calls for the following dramatic changes in the actions and attitudes of institutions and individuals who are recipients of funds from the Department of Health, Education and Welfare:

- All new facilities must be barrier-free, i.e., readily accessible to and useable by handicapped individuals.
- Programs or activities in existing facilities must be made accessible to the handicapped within 60 days, and, if no other alternatives—such as reassignment of classes or home visits—will achieve program accessibility, structural changes in the facilities must be made within three years. No exceptions to the program accessibility requirement will be allowed.
- Employers may not refuse to hire handicapped persons, if reasonable accommodations can be made by them to an individual's handicap and if the handicap does not impair the ability of the applicant or employer to do the specific job.
- Employers may not require pre-employment physical examinations and may not make a pre-employment inquiry about whether a person is handicapped, or the nature or severity of a handicap, although employers may make a pre-employment inquiry into an applicant's ability to perform job-related functions.
- Every handicapped child will be entitled to free public education appropriate to his or her individual needs, regardless of the nature or severity of the handicap. In those unusual cases where placement in a special residential setting is necessary, public authorities will be financially responsible for tuition, room and board.
- Handicapped children must not be segregated in the public schools, but must be educated with the non-handicapped in regular classrooms to the maximum extent possible.
- Educational institutions and other social service programs must provide auxiliary aids, such as readers in school libraries or interpreters for the deaf, to ensure full participation of handicapped persons.
- All recipients of HEW funds must complete within one year a self-evaluation process, in consultation with handicapped individuals and organizations, to determine which of their policies and practices need to be changed to assure equal opportunity for handicapped Americans.

Section 504 and the 504 Regulation constitute a striking recognition of the civil rights of America's handicapped citizens, just as Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, and their companion regulations, are critical elements in the structure of law protecting the civil rights of racial minorities and women.

But we must now begin the process of making the new regulation a reality for handicapped Americans.

I pledge that this process will be monitored forcefully, fairly and expeditiously by HEW. There are firm timetables in the regulation. We should stick to them.

Let me briefly share with you some of the steps we have taken or will take to assure compliance with the 504 regulation.

We have an outstanding new team of leaders in HEW's Office for Civil Rights, headed by David Tatel, a distinguished attorney with broad civil rights experience.

We have begun work with the other Federal agencies and departments which will be issuing regulations similar to the 504 regulation and that will apply to all recipients of federal funds.

We have already begun last week to mail out 36,000 assurance of compliance forms to HEW recipients. These are due back on July 5th. And, if we do not get a timely and adequate response, we will move immediately to enforce this requirement.

We will be ready to begin processing complaints brought under Section 504 by June 1st. Over 200 complaints have been filed with the Department.

We have prepared, and begun to distribute, braille and recorded copies of the 504 Regulation so that handicapped citizens can learn firsthand of their rights.

We have planned—and will soon begin—a major public awareness campaign that will inform handicapped individuals of their rights, recipients of their obligations, and the American people, including business and labor, about the striking new change in law. Schools should understand mainstreaming; colleges should learn about the program accessibility requirements; other recipients should understand how to restructure jobs; and myths about handicapped and disabled people must be dispelled. A manual explaining 504 will soon be ready for wide distribution.

We will develop a technical assistance unit to assist recipients in complying with important requirements like mainstreaming and program accessibility.

We have established a new position in the Office for Civil Rights—the Deputy for Program Review—who will work directly with the other divisions of HEW so that program officers include civil rights compliance requirements in their basic operations.

Through these and other measures, the Section 504 regulation can work.

But voluntary compliance, aided by deep involvement of handicapped citizens and groups, will make the regulation work far more quickly. If handicapped individuals, recipients, leaders in public and private life, and the Federal government can be guided by sensitivity, fairness and common sense, then the regulation can immediately become a charter of equal opportunity, not an invitation to litigation.

But ending discrimination is only the first step in assuring that handicapped citizens can assume their rightful role as participants, to the fullest extent possible, in American society.

As the next three days will demonstrate, the task of guaranteeing that handicapped individuals have equal opportunities in fact, and not just under the law, will require initiatives in many facets of our social and economic life.

For example, the Disability Insurance program, part of HEW's Social Security Administration, faces serious financial problems.

The program provides monthly cash payments to severely disabled adults who have work experience covered by Social Security. Four million disabled individuals and their families receive benefits from the Disability Insurance program. More than $7 billion is paid out annually to these beneficiaries.

As you know, President Carter has recently sent Congress a proposal for restoring the sound financial status of the social security system, and the most urgent priority in that package is restoring the fiscal integrity of the Disability Insurance program. Without the legislation which we are sending to Congress, the Disability Insurance Trust Fund would be in default in 1979, bankrupting the Disability Insurance program.

President Carter plans to correct the deficit in the Disability Trust Fund, not by adding to the tax burdens of the low-income worker, but by raising the wage base for employers and more equitably spreading the costs.

With your support, President Carter's proposals can ensure that disabled individuals covered by Social Security continue to receive cash benefits. Millions of handicapped Americans deserve to have their confidence in the Social Security system restored.

During the next few days, you will discuss and debate many issues that, like the health of the Disability Insurance program, are of great significance to handicapped Americans.

On Thursday, I hope to return to you and discuss the work of the Conference and where we go from here.

But for now I just want to stress the warmth of my welcome to you, to echo President Carter's strong words of support, and to thank you—for the wisdom you will share with us and for the courage you have shown us, and all the American people.

REMARKS OF EXECUTIVE DIRECTOR JACK F. SMITH

Mr. Secretary, Mr. Chairman and Honored Guests.

When I was announced as Executive Director 20 months ago, consumers, and by that I mean individuals with disabilities, applauded the fact that a fellow consumer was appointed. I had hardly cleared the HEW portals when I was looked upon as a bureaucrat. Meanwhile, the Government has looked at me as one of the darn consumers who was about to challenge the premise that some programs for the handicapped were duplicative, ineffective, should be eliminated and that some of their leaders were more interested in protecting their jobs than protecting consumers they were being paid to serve.

Tonight, I seize the opportunity not to be a consumer or a bureaucrat, but an individual who, along with you, cares what happens to the mentally and physically handicapped of this nation.

A door opens and another closes tonight. Tonight, we close the door on the involvement of the staff of the White House Conference. There has never been a more complex White House Conference. We have listened to the voice of the people through State Conferences and in planning the National Conference. We have modified, based on your input, the overall structure of these four days.

Sure it's a challenging four days, but what could be more challenging than moving the rights of all individuals with disabilities light years ahead.

We have added, in spite of the busy schedule, a closing session so you can surface and vote on resolutions related to materials that may not have been covered by states. This request came through State Directors.

While the issues and recommendations are listed in the order as prioritized by state and territorial conferences, we challenge you to discuss and debate those you feel are of the highest priority to solve problems. If the wording of a recommendation is inappropriate, you have the mechanism to change it.

And at your state caucus, vote for one or all issues. The choice is yours—for you, a new door is open.

This Conference now belongs to the delegates elected or named through state and territorial conferences.

The staff, and I can never thank them for all their work, can now look at you and say—"What an awesome responsibility you have."

For you see, the eyes of this nation are upon you. What you do with your Conference can light the way for future generations.

Believe me, there are some people just waiting for you to stumble.

I can almost hear their words. "They want their rights, but they won't accept their responsibility." And there are also those individuals who would love to point at this Conference and say, "You just can't put the handicapped in leadership positions." There are those waiting to slot us into only second-class jobs. That restrictive mentality stereotypes you and I.

Little wonder attitudes of the general public are reinforced and often become a self-fulfilling prophecy.

You have the opportunity to reverse that thinking for all time.

The moral responsibility you have to one another also is great. Some of you have far more experience dealing with these problems than others—that's why the workshops were designed to clarify the meaning of recommendations so every delegate can be an informed voter.

As some of you can appreciate, limiting the floor time of a delegate in workshops attempts to be fair to give everyone an opportunity to express a viewpoint. How sad it would be if the more articulate person dominated or controlled those of us who should speak, listen and learn.

Alternates, replace your delegate when he or she needs a break or must be absent from workshops. You are the individuals I personally applaud. You have such a demanding job at this Conference and paid your own way to be here. The President, Congress and this nation's handicapped owe you a specific debt of thanks.

And for the great majority of you, the observers, lobby for your viewpoints with the delegates and alternates. Attend the open forums Tuesday and Wednesday evenings and present your opinions. That is your opportunity to speak out.

Let's tear down those programs that aren't delivering and support those that do deliver.

I ask you to greet warmly the cultural activities of this Conference that are possible through the generosity of Bristol-Myers, The

National Endowment for the Arts and The Office of Education. These are not the disabled being paraded before an audience for effect. The amateurs and professionals not only offer a change of pace during a busy schedule, but also demonstrate to the world that we can and should be part of every aspect of society.

The children are proud to show what they have accomplished—how much further advanced they are personally and socially because of their cultural participation.

The Hammond School of Louisiana on stage and The Cabaret Artists that follow are proud to be part of this first White House Conference on Handicapped Individuals. We will all get to know one another better during The Cabarets.

You are giving something to the world through an example that cooperation—not competition—is the key to the future.

This Administration and the Congress, many sitting before us tonight, are ready to receive and act upon your final recommendations—recommendations that will chart a new course.

I can't help feeling that the deliberations of this White House Conference will be like a tidal wave in terms of their impact on both the public and private sectors.

I believe this White House Conference will be remembered in very positive ways. Health, social, economic, education and civil rights components affecting handicapped Americans will at last receive their proper focus in this country. Phrases like "separate but equal" can and must be eliminated from our vocabulary. Human rights for persons with physical or mental disabilities must mean independence, dignity and full participation in every corner of this nation, and in every activity.

Will the disabled ever be accepted as full and equal members of society? Frankly, I can't answer that. There are so many attitudinal and physical barriers to overcome.

I know for certain, however, that this White House Conference must only be the beginning. It will take ongoing political action by consumers, parents, advocates and professionals to bring about implementation of your deliberations. The wheels of social change grind exceedingly slowly—jointly we may have to push the system. Together we will influence change. And perhaps in our lifetime we will be looked upon as individuals who may be inconvenienced by a disability—forget the word handicapped!

This conference's national planning and advisory council is ready to help you make this the most productive White House Conference ever held.

I'm only a newcomer—so many of you have worked all of your lives to make this conference possible. Together, however, we dare to dream dreams and we are willing to work to make them a reality. We must all leave this conference somehow changed.

I repeat, a new door is open. You hold the power, but you also bear the responsibility.

Appendix:
SPECIAL MEETINGS

INTRODUCTION

The open process and flexibility of the Conference encouraged the formation of special interest groups. These groups held meetings during the Conference to ensure their input with reference to Conference proceedings. The following groups submitted highlights of their meetings which are summarized in this section:

1) Non-White Caucus
2) Alternative Conference Caucus
3) Disabled Women's Caucus
4) Mental Health Caucus
5) Lawyer's Caucus
6) Disabled Hispanic Individuals Caucus

NON-WHITE CAUCUS

Denial of opportunity is the single most telling factor that pervades the lives of millions of non-whites in this country; be they, Black Americans, Hispanic, Asian American or Native American. It is significant that poor whites in this country suffer similar disparities. Our land is not one of equal opportunities for all people.

The Non-white Caucus was formed at the White House Conference on Handicapped Individuals in response to this denial of opportunities. We represent delegates, delegates-at-large, alternates and panelists from the various racial and cultural groups who found that non-white interests were not fully reflected in the conference recommendations.

It is estimated that handicapping conditions among non-white persons far exceed the proportion of non-white people generally in the United States. According to recent information from the Department of Health, Education and Welfare, 40% of all physically and mentally disabled persons in the United States belong to non-white groups. The National Urban League through a grant from the Rehabilitation Services Agency documented the concerns of many non-white handicapped through a series of eleven regional workshops held in preparation for the White House Conference on Handicapped Individuals. The report is attached as a supporting document for the recommendations of the Non-white Caucus.

The Caucus believes that racism is a major underlying factor which contributes to the high representation of handicapping conditions among non-white persons. When America begins to address the health care delivery, housing, employment and educational inadequacies of non-white persons, then we can eradicate the basic conditions that serve to condemn people to a life of despair.

The legacy of *racism must be defeated.* And, it is within this framework that the Caucus strongly urges that specific actions be undertaken as they relate to non-white persons. The following recommendations are based on the Caucus' deliberations during the Conference. Additional recommendations will be submitted within thirty days.

ISSUE: Education

1. Non-white handicapped persons, parents or guardians should be involved in the policy-making process of the educational system.
2. Ways should be explored to mainstream non-white handicapped children into the regular school process.
3. The Education for Handicapped Children Act should be implemented with special consideration given to non-white children.

ISSUE: Research

1. Specific research should be undertaken designed to document the needs of non-white handicapped persons.
2. Efforts should be made to secure the services of non-white researchers to provide leadership in the research projects.
3. Said research projects should be monitored and results made available to the public and appropriate agencies and individuals.

SPECIAL CONCERNS

ISSUE: Service Delivery System

1. Service providers should develop training programs designed to meet the special needs of non-white handicapped persons.

2. Service providers should develop aggressive "outreach" programs to assure broad service delivery linkages.

3. Bilingual and bicultural programs should be provided in areas where needed.

4. Coordinating agencies should maintain individual service programs and disciplines which promulgate their integrity in providing services to non-white handicapped individuals.

5. The Federal government should establish program assessment commissions to monitor and evaluate the effectiveness of service delivery systems to non-white handicapped persons.

ISSUE: Economic Concerns

1. The expansion of existing advertising, educational and promotional programs funded by Federal and State agencies is recommended.

2. Promotion of comprehensive, multi-media campaigns utilizing regional and local electronic (radio and television) outlets and print media (newspapers and magazines) outlets.

3. The establishment of a national Speaker's Bureau, composed of handicapped individuals (white and non-white) who can present positive programs on employment of handicapped persons.

4. Civic groups, such as the YMCA, Chamber of Commerce, Red Cross and non-white organizations, should actively engage in forming positive attitudes about hiring handicapped people; such groups should form community, or organizational, councils; and sponsor "job fairs."

5. The Department of Defense should amend its regulations so as to permit qualified non-white handicapped persons to serve in the Armed Forces.

6. Sections 503/504 should be amended to establish disabled non-white employee quota levels, from both the physically and mentally disabled categories, that recipients of Federal contracts and grants are required to meet.

7. Congress should amend the benefits sections of the Social Security Act to remove current disincentives to work. Amendments should provide for higher levels of permissible income without loss of benefits, continuation of medical benefits during periods of employment extension of the trial work period, and other regulations which would stimulate and increase the entry of handicapped individuals into the work force.

8. Help make unions more aware of abilities of non-white handicapped persons and provide stronger enforcement of legislation promoting inclusion of non-white handicapped persons.

ISSUE: Housing

1. Federal and state governments should provide tax incentives, such as low interest loans and guaranteed mortgages, to private developers and housing sponsors who build and/or modify facilities to provide accessibility for the handicapped. For handicapped Indians who live on reservations, the tribe should be able to obtain mortgage loans through HUD to build architectually feasible housing.

2. State and local agencies should develop continuum of flexible living alternatives for the handicapped, including various levels of nursing and attendant care, homebound arrangements, group living with mixed populations (regardless of age, sex or ethnic origin),

special accommodations for the multi-handicapped, and accessibility for *all* persons to appropriate services.

3. The Federal government should mandate the development of rural housing for the handicapped under existing Federal rural housing programs. Non-white minority handicapped persons who live in rural areas should be given special consideration because of double discrimination.

4. Federal housing regulations should require the development of attendant care (part or full time), custodial care, medical and/or nursing care, trained house parents, and sufficient transportation services in local communities.

5. Those states which do not have state housing agencies should be mandatedd to set up such offices. All states should be mandate by HUD and DHEW to provide construction funds to handicapped, non-white minorities.

6. A housing coalition, with 50% representation of non-white minorities, should be federally funded for organization and support, to act as advocates for *all* handicapped individuals at the Federal, state and local levels.

7. All levels of government should enforce anti-discrimination loans and barrier-free requirements to ensure that handicapped people regardless of ethnic background, geographic location or severity of disability have full access to available and appropriate housing. In those areas of the country where there is no available housing, it should be mandated that such housing be provided.

HEALTH CONCERNS

ISSUE: Treatment

1. Statewide multi-disciplinary outreach treatment teams should be organized for the specific needs of the non-white handicapped and their parents, including pre-school children, with emphasis on the unique needs of the Indian community.

SOCIAL CONCERNS

ISSUE: Architectural Accessibility

1. The programs and services of the Architectural and Transportation Barriers Compliance Board (ATBCB) should be better publicized.

2. The ATBCB should be comprised of 40% non-white handicapped individuals which represents the various racial, cultural and ethnic groups.

ISSUE: Transportation Accessibility

1. Transit authorities should expand their services to ensure that public transportation is available and accessible to all persons, especially, the handicapped individual.

2. Transit authorities should be responsive to the goals of affirmative action and recruit non-white persons in all levels of employment.

ISSUE: Recreation

1. A national program should be established to facilitate recruitment, employment, and training of handicapped citizens in all areas, including parks and recreation. Such assistance should include financial aid for education and training for careers in parks and recreation.

2. Government at all levels, as well as the private sector, should be encouraged to extend current programs to provide financial

assistance to public and private agencies serving handicapped citizens.

3. The Bureau of Education for the Handicapped and other federal units should substantially increase funding allocations for research to increase understanding of the factors contributing to satisfying recreation participation for handicapped persons.

4. A mechanism should be created to join authorities at the federal, state and local level in a common effort to facilitate effective resource utilization with respect to the coordination, operation, and implementation of recreation and leisure programs and services for handicapped citizens.

5. The President is urged to direct the Department of Transportation to develop and adopt an affirmative action policy regarding accessibility as related to tourism and other leisure experiences dependent upon the various forms of transportation under its jurisdiction and control.

6. Federal financial support should be made available to establish effective mechanisms to enforce compliance with existing accessibility legislation particularly in relation to parks, recreation, and related leisure areas and facilities.

7. Organizations like the National Recreation and Park Association should become more involved in the development of legislation that is responsive to the needs and expectations of the handicapped citizen.

8. The White House Conference planners and delegates should recognize the inestimable values and benefits that leisure counseling can contribute to the health and well-being of all handicapped citizens and make productive determinations and subsequent recommendations that will instigate the planning and funding of leisure counseling programs and services at the federal, state and local level.

9. The concept of mainstreaming should be recognized as a viable means of involving non-white handicapped persons in recreational programs.

ALTERNATIVE REPORT

I. PREAMBLE

Believing in the goals, purposes, and potential value of the White House Conference on Handicapped Individuals authorized by title III of Public Law 93–516, we, the representatives of the handicapped for an alternative Conference report, have assembled to express views which have come from our own experience as handicapped individuals and as representatives of broader constituencies. It is our intent that this report stand on its own and also add to any positive recommendations from the White House Conference which would benefit the millions of handicapped Americans. Since the structure and planning of the Conference did not allow for creative expression and original thought by the delegates and other participants, a broadly based group of handicapped individuals and other interested persons has come together to more truly reflect the needs and aspirations of handicapped Americans. We feel that the issues presented in the workbooks of the White House Conference were

not formulated at a grassroots level meaningfully involving the handicapped.

The recommendations in the present report have been carefully developed and worded. They reflect the best ideas expressed in workshops as well as by individuals. We hope that there will be a number of White House conferences on the needs of handicapped individuals. Furthermore, we hope that the spirit of this alternative report will establish the tone of subsequent conferences, that they will be truly written and created by the handicapped and those who are vitally interested in the welfare of handicapped individuals, and that there will be full implementation of measures which would be of maximum benefit to such individuals, moving them into the mainstream of American life.

II. BACKGROUND

As the participants in the national White House Conference on Handicapped Individuals arrived in Washington, D.C., and learned in more detail the structure and operation of the Conference, a growing wave of dissatisfaction spread. By Wednesday, May 25, a sizable number of delegates and other participants determined that something had to be done for the benefit of the Conference and of all handicapped individuals. A large group (approximately 400) assembled, and its members were generally labeled "those dissatisfied with the Conference." In large part the reasons for the dissatisfaction were these:

State White House Conferences. We felt that the state conferences selecting delegates to the national Conference were not structured to allow a truly representative consensus of the needs and wishes of the handicapped. There seemed to be an overrepresentation of professional service providers. In many (if not most) instances, the delegates were not actually elected at all, but rather they were chosen by select committees or by individuals. This was seen as an undemocratic process.

Issues/Recommendations Structure. We felt that the approach to developing issues and recommendations was similarly undemocratic. It seemed as though the White House Conference staff had no faith in the basic capacities of handicapped persons to come together to hammer out their own agenda of national priorities. That this should be done by checking boxes and "prioritizing" 3,500 separate recommendations (many of which duplicated one another and others of which were unclear in meaning or impact) speaks to this lack of faith. The White House Conference staff claimed that the issues grew out of the state conferences, but even at that level, we were presented with "awareness papers" stating "what we already know," accompanied by long lists of issues which formed the basis of the polling to be done at the state and national conferences. The overly structured reporting forms for the state conferences, the delegate workbooks, and the computerized voting system for the national Conference inhibited the freedom of choice of the delegates and their ability to exercise their best judgment.

Custodial Care of Handicapped Delegates and Participants. There were several elements in the grand logistics plan for the national White House Conference which were reminiscent of a kind of custodialism that the Conference itself should have been designed to

bring to an end. For example, participants in the Conference were pressured into staying in a single hotel, where they were assigned roommates, and into eating all of their meals in the hotel under a meal ticket system. Normally, delegates to federal conferences are given a per diem amount and allowed to arrange their own food and lodging. It was only after massive protest (including letters from the Governors of several states) that delegates were permitted to make their own arrangements. Other participants still were required to eat and sleep at the Conference hotel. Even so, those delegates eating away from the hotel were given $16 per day, while the hotel received $28 per day per delegate for meals. Delegates were asked to fill out detailed medical forms, and dossiers containing this information were sent to the airlines carrying them to the Conference. Along with their airline tickets, some delegates received "speciman tickets" showing them what a real ticket was like. This speciman ticket was made out to "John P. Doe," and this was further labeled "your name." We as representatives of the handicapped feel that such treatment was in most cases unnecessary and undesirable and will further damage our image with the general public, and in doing so, will impede the goals of the White House Conference itself.

III. TERMINOLOGY

This report uses the term "handicapped" throughout. Yet, consistent with the concept of allowing the people we represent flexibility and self-determination, we recognize the following generic labels as options currently used in various parts of the country: (1) handicapped; (2) individuals who are handicapped; (3) individuals with a handicap;(4) disabled; (5) individuals who are disabled; (6) individuals with a disability; (7) handicapper; (8) individuals who are handicappers; (9) able-disabled.

IV. RECOGNITION OF UNIQUE NEEDS

Whereas handicapped consumers of this country believe that blanket legislation, recommendations, and approaches toward concerns and issues affecting all handicapped groups tend to generate confusion and to be lacking in specific definition; and

Whereas some of the issues inherent in each category of the handicapped reflect diametrically opposite problems; and

Whereas sighted persons do not always know what is best for blind people, and orthopedically handicapped persons rightfully resent unwarranted determinations of their needs from able-bodied people, and deaf persons do not always agree with hearing people regarding what is best for deaf children and adults:

Be it resolved that the issues and concerns at this Conference be analyzed and grouped according to each specific handicap in order to more fully and properly meet the needs of each handicapped group; and

Be it further resolved that all delegates and alternates, state directors, the Conference implementation committee, and report editors give full and careful consideration to position papers and recommendations from specific groups of the handicapped and particularly from established consumer organizations represented by and under the leadership of handicapped individuals themselves.

V. CONSUMER PARTICIPATION

Whereas the White House Conference on Handicapped Individuals was brought about for the purpose of providing avenues through which handicapped persons could secure full independence and freedom of expression; and

Whereas traditionally the decision-making structures—the policy-making boards and governing bodies—of agencies and programs serving the handicapped have largely excluded representatives chosen by the handicapped themselves; and

Whereas this approach is no longer acceptable in the new age of independence for the handicapped:

Be it resolved that all programs and services must in the future adopt policies which provide for meaningful consumer representation in their basic policy-making processes; and

Be it further resolved that meaningful consumer participation requires that at least fifty percent of those serving on policy-making bodies be bonafide consumer representatives, plus, where this is appropriate, an additional number of parents of consumers. We define the terms "consumer" and "consumer representative" as follows:

A "consumer" is defined as an individual who by reason of his handicap is eligible for, may require, has received, or is a recipient of some kind of human service including medical, mental, rehabilitation, housing, transportation, etc., as provided by an agency.

A "consumer group" is defined as a group of consumers who have joined together for the general welfare of their membership.

A "consumer representative" is an individual who represents a constituency, is elected by them, and is accountable to them.

VI. CIVIL RIGHTS

Preface 1. All of the succeeding resolutions, when dealing with the term "handicapped," adopt the definition of that term found in the Rehabilitation Act of 1973.

Preface 2. All of the succeeding resolutions include handicapped persons who are black, Asian-Americans, and Hispanic-Americans.

Be it resolved that to secure adequate enforcement of federal civil rights laws for the handicapped, we support the following:

(1) The establishment of an adequate enforcement staff in the Department of Labor and the Department of Health, Education, and Welfare, and in other federal departments as they issue regulations under section 504 of the Rehabilitation Act of 1973, as amended. There must be regional distribution of staff. There must be adequate staff, at the least 1,000 positions, designated to work exclusively on section 504 in the Department of HEW.

(2) Such staff must be substantially integrated by including handicapped persons, parents of handicapped children, or other advocates for the handicapped, and these staff members must be specifically trained.

(3) Legislatively or by amending the regulations, we must require regular compliance reviews of facilities and recipients.

(4) Legislatively, an individual's right to take legal action under sections 503 and 504 must be ensured.

(5) Legislatively, the right to recover legal fees for actions brought under sections 503 and 504 must be ensured.

(6) Section 504 must be amended to clearly require affirmative action plans, including employment goals and timetables and including provisions to prevent discrimination against the more "severely" handicapped.

(7) Sections 503 and 504 or their regulations must be amended to provide a specific time limit for the resolution of complaints brought to the Department of Labor or Department of HEW. The limit should be 120 days from the date the complaint is filed, and complainants must be allowed to go directly to court if the Departments fail to issue a finding by the time deadline.

(8) Title V of the Rehabilitation Act of 1973, as amended, must be further amended to require an annual report on government efforts to enforce sections 501, 503, and 504, and this report must be prepared by a non-Executive Branch agency.

(9) The government must provide technical assistance to recipients of federal funds to aid their compliance with title V.

(10) The Justice Department must be allowed to bring civil suits to enforce title V.

We also recommend the following actions:

(1) Amend all titles of the Civil Rights Act of 1964 to include discrimination against the handicapped; remove the requirement that all administrative remedies be exhausted before lawsuits can be brought; and add a title dealing with discrimination against the institutionalized handicapped.

(2) Establish and fund a legal advocacy network to enforce the civil rights of the handicapped.

(3) Demand that the federal government hire people with substantial handicaps by rigorously carrying out section 501 of the Rehabilitation Act of 1973. The Administration should assign responsibility (and introduce legislation to assign responsibility) for monitoring federal compliance with section 501 to an agency outside the Civil Service Commission, and this agency should be staffed by a majority of handicapped employees. Such an agency must be given authority to apply sanctions against federal departments that do not respond.

(4) Require all federal agencies to establish employment goals and timetables for the handicapped.

(5) Request that President Carter accomplish these recommendations by July 4, 1977, or publicly proclaim a timetable for their accomplishment.

(6) Handicapped persons who are faced with additional discrimination because of sex or lifestyle should receive particular consideration in the enforcement of civil rights provisions.

(7) In any law requiring that reasonable accommodation be made for the hiring of the handicapped as a part of affirmative action, the providing of assistants (readers, interpreters, manual writers, etc.) shall be considered reasonable accommodation.

(8) As our fight for civil rights grows, we endorse as a tool in obtaining our rights the possible future use of economic boycotts of industries that discriminate against the handicapped.

VII. REMOVAL OF ATTITUDINAL BARRIERS

Be it resolved that there must be a strong emphasis on assertiveness training groups for the handicapped, to be conducted, if possible, by qualified handicapped persons. One of the basic problems faced by handicapped persons is the struggle to be assertive. Their failure to be assertive results from the institutional oppression they face. The handicapped need to form consciousness-raising groups to confront and overcome their fears.

Be it further resolved that there must be an emphasis on the forming of alternative identities for the handicapped which are more positive than those imposed on them by institutions.

Whereas inherent in attitudinal barriers faced by the handicapped is the assumption of intrinsic inferiority, reinforced by continual association with the medical, psychological, rehabilitation, and special education industries/institutions; and by continual representation of and segregation of such individuals in sterile, stereotyped social contexts; and

Whereas social-psychological research indicates that actual behavioral commitments and actual exposure to discrepancies between perceived events and established stereotypes are the most conducive to attitude change; and

Whereas our immediate purpose is not to get society to "like" all handicapped individuals, but rather to provide such individuals the opportunity to be liked or disliked on their own:

Be it resolved that the following be made priorities:

(1) Legislative bodies shall mandate inclusion of the handicapped in the Civil Rights Act of 1964, as amended, and provide for funded implementation and enforcement that includes significant input from the handicapped. This will also include mandating and funding affirmative action in transportation, environmental access, education, recreation, cultural participation, and all levels of employment. The results of this will be (*a*) behavioral commitments to affirmative action; (*b*) increased numbers of handicapped persons providing positive role models; (*c*) increased opportunities for social contact between the handicapped and the general public; and (*d*) decreased association between the handicapped and "helping" professions and institutions.

(2) Legislative and executive bodies at all levels must maintain a commitment to the concept of total integration in its broadest sense. This would include: total integration in the educational curriculum at all levels (i.e., integration of the handicapped as people in children's books, films, etc.; integration of common tools used by the handicapped; and integration of the handicapped in educational faculties, staffs, and administrations). This would also include total integration of the handicapped in the media at all levels (i.e., integration of the handicapped as people in movies, plays, commercials, magazines, billboards, etc., as well as integration of the handicapped in media review boards, administrations, staffs, etc.).

(3) Legislative and executive bodies at all levels must place a funding priority on services and programs relating to the handicapped that are primarily administered and staffed and/or otherwise monitored by them, so that the handicapped may be competently about the business of helping themselves. Examples

would be: funding outreach, peer counseling, and assertiveness training programs designed, administered, and staffed with maximum input from the handicapped.

VIII. ARCHITECTURAL ACCESSIBILITY

Be it resolved that all citizens, including those with characteristics labeled handicaps, have the right of access to and usage of the constructed environment.

To facilitate this right, we should evolve beyond the present practice of "barrier-free design" to the more comprehensive approach of "total environmental design." Barrier-free design stresses minimum standards and removal of barriers—access rather than total use. Total environmental design stresses optimum design standards and design for use by everyone—usability rather than just access, and the avoidance of special features where feasible. To accomplish this goal, we make the following recommendations:

(1) Each state should enact legislation and building codes that encompass the total environmental design concept. Such laws and codes should meet the following criteria:

(*a*) Promote usability by the widest range of individuals with differing physical characteristics.

(*b*) Increase safety in use.

(*c*) Decrease maintenance and operating expenses.

(*d*) Enhance aesthetics.

(*e*) Provide flexibility of standards according to geographic region or climate.

(*f*) Provide optimum design standards for new construction.

(*g*) Provide design flexibility for reconstruction.

(*h*) Avoid "special" or "separate" features unless this is technologically impossible.

(*i*) Establish a state-level total environmental design board as the sole authority for rules, interpretations, exceptions, variances, standards, etc., such a board to include handicapped members, including handicapped women (in order to gauge the meeting of their specific needs).

(2) A new graphic symbol should be created to replace the present accessibility symbol. The new symbol should more meaningfully represent the concept of total environmental design, rather than simply accessibility to wheelchairs.

(3) The federal Architectural and Transportation Barriers Compliance Board should be upgraded as follows:

(*a*) An independent board shall be located in the appropriate federal service agency for the handicapped.

(*b*) The board shall have sole authority and jurisdiction regarding the resolution of any conflicts under the federal statute and shall have sole enforcement responsibility for buildings and properties under its jurisdiction, and all other relevant areas.

(*c*) The board shall have accessibility standard-making authority with regard to all federal programs. Where federal and state jurisdictions overlap, the board shall determine equivalency of standards and the higher standards shall prevail.

(*d*) The board shall be the sole waiver authority within the federal system under its jurisdiction. Waivers shall not be granted to new construction.

(*e*) Enabling legislation shall also mandate a regional board network under the authority of the federal board.

(*f*) An annual line item budget shall be provided for the board which fully funds all activities of the board commensurate with its duties.

(4) Each state shall create consumer monitoring bodies to assist in the barrier-free design/total environmental design enforcement effort, and these bodies shall include women.

(5) All design and building-related professionals shall be required to undergo barrier-free design/total environmental design training and refresher programs.

[*Note:* Information on total environmental design can be obtained by contacting: Environmental Design Section, Office of Programs for Handicappers, Michigan State University, East Lansing, Michigan 48824. Two prototype barrier-free design documents—Act 177 of the Michigan Public Acts of 1975, and the State Building Code of Michigan—can be obtained from: State Representative Jelt Sietsema, Room 4, State Capitol, Lansing, Michigan 48909.]

IX. TRANSPORTATION ACCESSIBILITY

Be it resolved that all citizens have the right of access to and use of all public transit services, vehicles, equipment, and fixed facilities; and that therefore:

(1) Bus transit services shall consist of line haul vehicles all of which are accessible, complemented by an appropriate number of accessible demand-response vehicles that provide point-to-point service and feeder service to the line haul vehicles.

(2) The U.S. Department of Transportation, and in particular, the Urban Mass Transit Administration, and other federal agencies providing money for transportation shall be authorized (by amending legislation and administrative rule changes) to prescribe vehicle standards which will result in total vehicle accessibility for vehicles ordered on or after January 1, 1978. Total accessibility standards should also be developed and mandated for other modes of transportation where accessibility technology has not yet been brought to bear (intercity buses, rail services, air carriers, etc.). These standards shall be effective July 1, 1979, and shall include visual and auditory travel information mechanisms.

(3) Each state or territory shall enact legislation requiring that all vehicles purchased with federal, state, or local funds, or other government-funded transportation, be accessible and usable by handicapped persons and have at least two wheelchair tie-down areas, commencing January 1, 1978.

(4) The federal government agencies funding transportation shall mandate the establishment of consumer advisory groups composed of at least 75 percent handicapped consumers. The groups will work with transit agencies, authorities, and planning organizations.

(5) Federal agencies funding transportation projects shall mandate coordination of such services to improve efficiency and effectiveness.

X. REMOVAL OF COMMUNICATION BARRIERS

Whereas communication is the major means by which human beings are distinguished from animals; and

Whereas the problems of communication provide almost insurmountable barriers for deaf people and others who have handicaps that break down the means by which most people normally communicate; and

Whereas since these barriers are readily overcome by consideration of the communication needs of such people; for instance, telephone installations usable by people confined to wheelchairs and who cannot reach normal telephone installations in public buildings, or the hearing impaired who are able to use telephones if volume controls are provided, or the deaf whose ability to use telephone communication is limited to devices known as TTY's (teletypewriters)—all of which should be required installations in public and private buildings:

Be it resolved that we take note of the differences in the modes of communication needed and supported by various categories of the handicapped, and urge that consideration be given to special needs as the means of eliminating communication barriers which effectively and needlessly separate people. Included herein are the efforts to suppress sign language. It is our consensus that deaf people shall have the right to communicate in any manner which is convenient and effective for them, and that the right to visual communication shall be guaranteed at all levels of society including the educational system. We condemn all attempts to deprive deaf persons of their right to chose the manner in which they prefer to communicate.

Be it further resolved that visual communication is an unusual mode of communication but one that should be encouraged to overcome the barriers that currently exist in many situations, including such areas as transportation, courts of law, administrative and other service agencies, television, and interpersonal relationships such as doctor-patient relations, and the like. Such means of overcoming communication barriers shall include, but not be limited to, the use of interpreters (both oral and manual), the development of alternative indicia to complement normal audible signals (such as flashing lights for fire alarms and other emergency warnings), the use of pre-recorded or other means of communication in elevators, on highways, etc., for persons who, for reasons of health or other problems, cannot communicate verbally; the requirement that all public announcements and emergency broadcasts on open-circuit public or commercial television be both audible and visual; the refutation of the claim that visible captions on television are objectionable or offensive to people who hear; the development of devices such as teletypewriters for the deaf and mechanical "voices" for persons whose speech impediments are so great as to preclude their being understood without such assistance.

Be it further resolved that there is a need to develop means to insure that audible announcements such as are generally provided in train stations, bus stations, and airports (as well as on planes and buses) are also provided in visible form; there is also a need to increase awareness of visual communication modes and to encourage the use of visual communication among all people by endorsing the concept that sign language be taught in schools at all grade levels, and taught as a foreign language at the high school and college level. This will be done not so much as a means of communication with deaf people (although it is acknowledged that

this would be one result) but as an international language which is desperately needed in a rapidly shrinking world where the need for communication among nations as well as among individuals grows greater by the hour.

For the blind we support the continued viability of the Braille system and feel that it is essential that both Braille reading and writing be taught effectively to blind children and newly blinded adults. We strongly support wider availability of Braille books and we strongly support all efforts to expand the Braille production capacity in America and throughout the world. The use of tape recordings and reading devices (while having a valuable place) must not be promoted to the extent that the importance of Braille is at all diminished.

We recommend that every effort be made to place communication barriers as one of the highest priority problems so far identified, and that it be given great consideration in implementation strategies so that the communicatively handicapped, be they individuals or nations, are truly members of one world.

Whereas millions of disabled Americans with hearing, speech, and other communicational impairments encounter serious employment, social, information, and service discrimination because of (*a*) the non-availability of low-cost or rental telecommunication devices for the deaf (TTY's); (*b*) the present inequitable long-distance and message-unit telephonic rate structures that penalize utilization of this slower, printed communication mode; and (*c*) the failure of all telephone companies to provide equal services at equal rates to communicationally impaired consumers:

Be it resolved that we call upon and urge the President, the Federal Communications Commission, the Congress, appropriate state regulatory commissions, and individual telephone companies to take all necessary and appropriate action to mandate the availability of such telecommunication devices for the deaf on a low-cost or rental basis, and to modify and reduce telephonic long-distance and message-unit structures for users of telecommunication devices.

Whereas telephone companies are currently seeking to make an identifiable charge for directory assistance in ascertaining telephone numbers; and

Whereas in many parts of the country service has been limited so that addresses and other public information are no longer provided on request; and

Whereas this would impose increased costs on and reduce services to the blind and others who are unable to use the print directory:

Be it resolved that telephone companies be urged to exempt the blind and all others who are unable to use the print directory from such a charge, and that this exemption be done by means of a credit card system; and

Be it further resolved that telephone companies be urged to provide to persons unable to use the print directory any information printed in the directory, upon request.

XI. EDUCATIONAL ISSUES

Whereas Public Law 94–142, the Education for All Handicapped Children Act of 1975, however necessary and however well-

intentioned in spirit, tends to stereotype or generalize across the entire gamut of diverse handicaps and to create surface assumptions and misunderstandings among the naive and frequently uninformed educational community about the unique needs of differing handicapping conditions:

Be it resolved that although mainstreaming (or placing of handicapped children in regular public classrooms) with full support services is the right of every handicapped child, it shall also be the right of any handicapped child to be educated in a fully supported alternative setting when this is judged to be desirable by the *child and his parents or guardian* (*not* simply when it is judged desirable by school administrators solely for their own convenience). Separate residential schools for the education of deaf children are one instance of this need, since when such children have no chance to communicate at home or, on a steady basis, in public school, a residential school for the deaf offers the constant communication necessary to proper educational and mental development. Thus Public Law 94–142 should be amended to provide that while mainstreaming remains an unquestioned right for every handicapped child, alternatives shall also be available and a right for those children who desire them; and

Be it further resolved that the law be extended to include the 0–5 age group of children; and

Be it further resolved that emphasis be placed on the right to select an appropriate educational setting, maintaining a wide selectivity of options, including special classes within public schools, special day schools, residential schools, or adult activity centers, depending on the handicap and the individual education plan for each child or adult; and

Be it further resolved that implementation procedures be strengthened in the area of assessment, support services, due process, the individualized education plan, including native language and mode of communication; and

Be it further resolved that clear distinctions be made among the educational needs of each category of the handicapped, such as the blind, orthopedically handicapped, deaf, etc.

Be it resolved that strong support be extended to early diagnosis and intervention; and

Be it further resolved that programs be developed to increase public awareness to the special educational needs and problems of each handicapped group, including the need for readers for the blind and sign language programs for the deaf; and

Be it further resolved that television captioning be required on all public and commercial programs since this greatly delimits out-of-school learning opportunities for the hearing-impaired; and

Be it further resolved that intermediate educational units such as state and regional schools for the handicapped be maintained with increased and direct support from the state educational agency as a necessary option for some handicapped persons, depending on individualized assessment and programming; and

Be it further resolved that no program or law be developed that limits freedom of choice of the handicapped with respect to the type of educational setting which is most appropriate to their needs.

Be it resolved that to assure handicapped children appropriate education services, the federal government shall immediately mandate the availability of comprehensive developmental education services to all handicapped children from birth through five years of age.

Whereas the passage of title V of the Rehabilitation Act of 1973, as amended, mandates affirmative action in employment and non-discrimination in employment of the handicapped; and

Whereas a large percentage of handicapped persons previously discriminated against will become eligible for such employment and, consequently, may require employment preparation; and

Whereas title V carries no mandate for funding to provide for the vocational assessment, vocational counseling, and vocational training of the handicapped, nor for individualized developmental or prevocational training; and

Whereas the Vocational Education Act of 1973 (Public Law 94–482) mandates that *only ten percent* of those funds appropriated under the act be set aside for the training of such handicapped persons:

Be it resolved that the mandated funds set aside under the Vocational Education Act be increased from ten percent to 25 percent.

Whereas all children have a right to an education which meets their needs and which allows them full equality of opportunity; and

Whereas many children with handicaps are denied these rights because of discriminatory practices, including denial of appropriate services, segregation, and exclusion; and

Whereas Congress passed and the President signed Public Law 94–142, the Education for All Handicapped Children Act, to assure handicapped children the right to a free and appropriate public education, to provide full procedural safeguards for these children and their parents, and to assist the state and local educational agencies to carry out their constitutional responsibilities to these children; and

Whereas Public Law 94–142 requires each state to provide all its handicapped children with a free appropriate public education by September 1, 1978, or become ineligible for federal funding, and sets forth minimal requirements necessary for the federal government to assure that children with handicaps are, in fact, protected; and

Whereas various organizations and individuals have recommended amendments to Public Law 94–142 that will undermine its effectiveness in protecting handicapped children and weaken its provisions; and

Whereas we support this federal law which mandates that national, state, and local government must finally take effective action to assure that each handicapped child is assured equal educational opportunity:

Be it resolved that every national, state, and local government agency responsible for implementing this law and for providing an education to handicapped children do so immediately; and

Be it further resolved that we oppose any attempt to weaken the long-needed protection provided in Public Law 94–142, and that

therefore, other than the amendments proposed herein, we oppose amendment to this legislation.

Whereas many handicapped people, especially those belonging to minority groups, often go through and leave the educational system not knowing how to read or write, and are thus prevented from gaining employment or achieving full participation in society:

Be it resolved that programs be established to identify individuals with reading problems and that these people be integrated into the Right-To-Read program, and that all means (including federal programs and media campaigns) be used to accomplish this result; and

Be it further resolved that there be increased research into and expansion of teaching techniques such as the consonant-vowel-consonant principle and auditory senses; and

Be it further resolved that community colleges be encouraged to establish programs for the reading handicapped, including increased funding for such programs, and for programs set up for non-English-speaking Americans; and

Be it further resolved that there be established programs coordinated with private industry to allow continuing schooling in conjunction with part-time employment, with full-time employment in the private industry being the goal at the end of the program; and

Be it further resolved that community-based tutorial programs be established and expanded to provide corrective programs free to those with reading disabilities.

Be it resolved that for all handicapped children in public or separate school programs, there be provided arts education and recreation experience.

XII. MENTAL HEALTH

Whereas the long-overdue de-institutionalization of mental hospital patients has thrust thousands of exceptional persons into communities unprepared to receive them; and

Whereas psycho-social rehabilitation facilities are much too few in number and are woefully under-financed; and

Whereas community mental health residences are rare and inadequate and vocational training and and employment of such aforementioned persons in the sheltered, public, and private sectors are shamefully unavailable:

Be it resolved that adequate federal funding be provided directly to non-profit mental health facilities with a proven record of service delivery (as judged from the point of view of their clients) and to small community-based, client-controlled mental health alternatives; and

Be it further resolved that ombudsperson offices be established at all levels to ensure that the aforesaid is carried out with integrity and dispatch.

Be it resolved that, with regard to persons termed mentally ill, we support the following:

(1) Government support for all those confined to mental institutions.

(2) Compiling of directories and media dissemination of information about services available to those termed mentally ill.

(3) Free access at all times of persons to their own medical records.

(4) Elimination of questions such as, "Have you ever been in a mental institution?" on job applications or government forms, since this results in a labeling which is a barrier to employment.

(5) Elimination of consideration of a history of so-called mental illness in granting drivers licenses or automobile insurance.

(6) Recognition of the contributions to society of those labeled mentally ill.

(7) De-institutionalization of those labeled mentally ill, through the use of halfway houses, communes, etc.

(8) Emphasis by health agencies on practical preparation for living and self-healthful life-styles.

(9) Expansion of new forms of therapy, such as self-help therapy.

(10) Realization that so-called mental illness is often a biochemical physical illness or nutritional deficiency that has mental overtones.

(11) Use of volunteers in work with the so-called mentally ill.

(12) Withholding of funds from programs which ignore federal mandates for de-institutionalization.

(13) Encouragement for consumer groups of the so-called mentally ill to coordinate their efforts and ally themselves with each other.

(14) More homelike facilities for those who must be institutionalized.

(15) Periodic follow-up and time limits on involuntary institutionalization.

(16) Payment of the minimum competitive wage for all patients working in mental institutions.

(17) Establishment of patient advocacy programs in institutions and the dissemination of the "Mental Patient's Bill of Rights."

(18) Awareness of the overuse and the dangers of heavy tranquilizing drugs as mental treatment.

(19) Banning of electric convulsive shock therapy and psychosurgery.

(20) Elimination of custodial warehousing of patients in institutions due to the lack of proper mental treatment.

(21) Elimination of central registers of those labeled mentally ill and a ban on the publishing of such registers.

(22) Elimination of degrading terminology for the so-called mentally ill.

(23) Participation of former mental patients in national meetings of the American Psychiatric Association.

(24) Moratorium on construction of new state mental institutions, and the establishment instead of small community-based, client-controlled social rehabilitation units.

(25) Use of daycare centers as an alternative to institutionalization.

(26) Free involvement of those termed mentally ill and of the physically handicapped in programs of the church and encouragement for the church to speak out against the injustice done to those termed mentally ill.

(27) Recruitment of law students to the area of patient advocacy.

(28) Elimination of the discriminatory policies of departments of vocational rehabilitation regarding those termed mentally ill.

(29) Inclusion of the so-called mentally ill in the definition of "seriously disabled" and their inclusion in Fair Employment Practices Acts.

(30) Elimination of the title and connotation of "lunacy" or "sanity" hearings.

(31) An increase from 20 to 25 in the number of members of the White House Special Commission on Mental Health, the five new members to be former mental patients.

(32) The appointment of former mental health patients to the task forces to be formed by the White House Special Commission on Mental Health.

XIII. MEDICAL AND FINANCIAL ASSISTANCE

Whereas Social Security and public assistance programs allow very limited earnings, above which benefits are either reduced sharply or terminated altogether; and

Whereas these principles which originated as part of the Elizabethan poor law are not compatible with present-day concepts of encouraging people to work to their maximum potential and to contribute to society as a whole:

Be it resolved that Social Security and public assistance laws and regulations be amended to remove all disincentives to employment for recipients.

Whereas handicapped individuals who benefit from the medicare and medicaid programs are often not able to obtain equal medical insurance or assistance once they become ineligible for medicare or medicaid benefits; and

Whereas this reduction of available medical assistance benefits constitutes a substantial disincentive to employment for handicapped individuals:

Be it resolved that medicare and medicaid benefits be extended to handicapped individuals who are employed but who have no other equally effective or comprehensive medical assistance plan available.

Whereas a five-month waiting period is presently a prerequisite of eligibility for disability insurance benefits or the disability freeze under Social Security; and

Whereas this waiting period imposes a substantial financial hardship on handicapped persons who are otherwise entitled to receive benefits which they have earned; and

Whereas the purpose of the Social Security disability insurance program is to insure against the economic loss which occurs as a result of a disability; and

Whereas the true economic adversities usually begin at the onset of a disabling condition, not five months later:

Be it resolved that we urge the elimination of the five-month waiting period in the Social Security disability insurance program.

Whereas there is presently a requirement that an individual must have been entitled to disability benefits for at least 24 consecutive months in order to qualify for medicare on the basis of disability; and

Whereas this arrangement results in many disability insurance beneficiaries not having any financial assistance to meet the costs of

medical care, costs which are steadily increasing and already far beyond the means of those who must rely on Social Security benefits for their basic subsistence:

Be it resolved that we urge elimination of the 24-month waiting period for medicare eligibility in the Social Security disability insurance program.

Whereas since the Supplemental Security Income (SSI) program became effective on January 1, 1974, the several states and the District of Columbia have been relieved of from 50 percent to 83 percent of the costs of aid payments to their needy aged, blind, and handicapped citizens; and

Whereas, with today's high cost of living and inflation, the basic SSI grants are insufficient to purchase the necessities of life by our neediest citizens:

Be it resolved that the Congress should require the states and the District of Columbia to supplement the SSI grants by not less than 50 percent of such grants.

Whereas the condition of epilepsy necessitates careful medical control and requires the constant purchase of expensive medication; and

Whereas because of negative social attitudes, many persons with epilepsy find it difficult to obtain suitable employment even though they have the ability to compete on equal terms; and

Whereas this social and economic discrimination places an almost impossible financial burden upon such persons:

Be it resolved that the extra financial burden borne by epileptics should be recognized in providing financial and medical assistance to such individuals and that benefits should be made available to cover the cost of medication designed to control epileptic seizures, so that such individuals will be able to participate fully in remunerative employment.

Whereas the condition of epilepsy is a handicap which is not visible; and

Whereas it is desirable for other persons to be aware of this medical condition so that appropriate treatment can be provided in the event of seizures:

Be it resolved that medical alert bracelets shall be made available to all epileptics through appropriate medical institutions, and that such bracelets shall be made available free of charge.

Whereas because utility resources, especially telephones, are necessities for the health and safety of handicapped persons, among the many economic oppressions suffered by the handicapped, the unreasonable conditions imposed by utility companies are some of the heaviest burdens:

Be it resolved that pressure be brought to bear on all major utilities to revise their repressive policies concerning security deposits, excessive installation fees, etc.

XIV. REHABILITATION SERVICE DELIVERY

Structure

Be it resolved that umbrella agencies for the handicapped as suggested by President Carter in his keynote address before the White House Conference on Handicapped Individuals tend to have a negative impact on the level and quality of services to handicapped

Americans. Experience and studies have demonstrated that human services to categories of the handicapped, each of which have unique and specialized needs and characteristics, deteriorate when scrambled together by government technocrats who work on the principles of economies of scale and administrative convenience.

While coordination of services to the handicapped is acceptable and desirable, the separate needs and specialized character of each handicap must be recognized, and this separation and individual identity reflected in the organizational structure of such services. For example, rehabilitation services to the physically handicapped, the deaf, and the blind must be given the highest possible visibility, each having its own budget and appropriation and its own professional staff.

In addition, within each handicap category, services (vocational rehabilitation, independent living skills training, education, and social services) must be consolidated to the greatest extent possible in order to maintain continuity of service and to focus on the total needs of the client.

Quality of Services and Accreditation

Traditionally the rehabilitation system has focused on an individual's disabilities and not on his abilities. Such a focus has resulted in the following phenomena: consideration of all clients as psychological wrecks who require endless diagnosis and evaluative treatment; frequent channeling of clients into a narrow set of stereotyped occupations; sponsorship of clients in bachelors, masters, and doctoral programs as a means of avoiding the unpleasant task of actually having to place them in employment situations; etc.

In order to alter this focus, and in order to improve the attitudes of rehabilitation counselors, we propose (*a*) that a majority of the governing boards of rehabilitation agencies and facilities be composed of elected representatives of handicapped consumer organizations; (*b*) that persons appointed to executive level and senior professional staff positions in rehabilitation agencies and facilities be handicapped, all other qualifications being equal; (*c*) that standards of quality service be established, and decisions on the accreditation of specific rehabilitation agencies be made, by statewide standard-setting and accreditation boards a majority of the members of which shall be composed of elected representatives of handicapped consumer groups; and (*d*) that funding of graduate degree programs in rehabilitation and related subjects be made conditional upon including in the curricula a heavy emphasis on the basic normality, productivity, and competence of the handicapped.

In addition, we propose that private placement specialists be used by rehabilitation agencies in their attempts to place the handicapped in employment.

We also note that there must be a continuum between the processes of education, special education, and vocational training, ending in employment. These areas of preparation and training must be coordinated to produce the best results for the client.

Be it resolved that the position of Commissioner of the Rehabilitation Services Administration in the Department of Health, Education, and Welfare should be filled by a handicapped person sensitive to the needs of the handicapped.

Be it resolved that there be affirmative enforcement of the requirement in the Rehabilitation Act of 1973 that rehabilitation clients be notified of their right to appeal decisions made on their cases.

XV. OMBUDSPERSON FOR THE HANDICAPPED

Whereas the handicapped of the United States must insure that their civil and other rights are protected at the national, state, and local levels, without regard to race, color, creed, national origin, sex, or age; and

Whereas ombudsperson functions include those of watchdog or investigative oversight operations; complaint officer; disseminator of information; public service producer of specialized programs for all media; citizen and agency advocate; promoter of maximum people's awareness; recommendor of needed legislation to avoid complaints; independent critic of the bureaucratic establishment—all of these and more, with clout, able to get to the top levels of decision-making:

Be it resolved that paid ombudsperson offices be established at all levels for all concerns of the handicapped, with specialized training provided to ensure that the handicapped can themselves be employed in these offices for all community concerns, in a new career ladder; and

Be it further resolved that these offices will be staffed sufficiently that there will be available expertise to deal with the various responsibilities delegated to the offices; and

Be it further resolved that the President of the United States immediately appoint a paid President's Ombudsperson Council comprised of and on behalf of the handicapped so as to establish a direct channel for all handicapped concerns to the highest office.

XVI. ADDITIONAL RESOLUTIONS

Recreation Discrimination

Whereas the leisure needs of handicapped children, youths, adults, and aged persons are largely ignored by medical, educational, vocational, social, recreational, arts, and cultural services; and

Whereas more than 35 million handicapped persons daily accumulate 170+ million empty, debilitating, and demeaning hours of enforced leisure per day, this in denial of leisure fulfillment, denial of recreation, parks, cultural, and arts opportunities, and denial of a normal American life-style:

Be it resolved that measures should be taken immediately by the President and the Congress to ensure that all federal agencies and programs respond to this massive disenfranchisement of more than 35 million Americans.

Sexism

Be it resolved that this alternative conference deplores the neglect of the subject of sexism which is an added oppression for all handicapped women, as well as non-handicapped women, and is also a discrimination that injures both women and men in their relationships.

It is urged that future conferences address this area of oppression through speakers and workshops, run by women but open to all. Also, it is urged that support, both moral and financial, be given to

the Disabled Women's Caucus, open only to women, and that this group be an integral part of all future conference planning.

Prevention of Prenatal and Birth Trauma and Injury

Whereas the identification and ultimate prevention of those prenatal insults and labor and birth trauma which contribute to congenital and birth injury can only be done if the mother's prenatal, labor, and birth records are preserved and made available to the individuals concerned and to authorized epidemiologists, until the offspring reach adulthood:

Be it resolved that federal funds shall be made available to *only* those hospitals providing obstetric services which direct that a photocopy of the mother's complete prenatal, labor, and birth records be attached to the records of her newborn infant and preserved until the child reaches adulthood. The "complete records" shall include medical progress notes, nurses notes, x-rays, laboratory reports, etc.

Minimum Wage in Sheltered Workshops

Whereas our society, as expressed through an act of Congress, has determined that there should be a minimum wage paid to all workers; and

Whereas the current Fair Labor Standards Act provides that handicapped workers in sheltered workshops can be paid as little as 25 percent of the congressionally established statutory minimum wage; and

Whereas the minimum wage was established so that workers would have economic stability above the subsistence level; and

Whereas it costs at least as much and generally more for handicapped persons to maintain economic stability above the subsistence level as it costs for non-handicapped persons; and

Whereas sheltered workshop managements use the subminimum wage provisions to support poor business management paid for by the sweat, the tears, the labor, and the frustrations of the handicapped workers:

Be it resolved that we call upon Congress to amend the Fair Labor Standards Act to extend the benefits of the federal statutory minimum wage to handicapped workers in sheltered workshops.

Publishing the Risks of Prescription Drugs

Be it resolved that the U.S. Food and Drug Administration require that all drugs be accompanied by a Patient Package Insert (an information sheet) which advises the consumer, in clearly understandable language, the risks as well as the benefits of the respective drug.

Distribution of the Alternative Conference Report

Whereas the White House Conference on Handicapped Individuals was mandated by the Congress to "stimulate a national assessment of problems, and solutions to such problems, facing individuals with handicaps"; and

Whereas the structure of the White House Conference was so undemocratic and its conclusions so predetermined by the Conference staff that the representatives of handicapped individuals in attendance felt forced to hold an alternative conference in order freely to express their true concerns; and

Whereas those concerns and suggested solutions are contained in the report—known as the Alternative Conference Report—of which this resolution is a part; and

Whereas this Alternative Conference Report is more representative of the needs of handicapped citizens of America and closer to the "national assessment" of those needs called for by Congress than is any report likely to be prepared by the staff of the White House Conference:

Be it resolved that this Alternative Conference Report should be distributed as an official document of the White House Conference on Handicapped Individuals, and that it should receive the same distribution as the final report of the White House Conference; and

Be it further resolved that if this cannot be accomplished with the cooperation of the White House Conference staff, the report be distributed without such cooperation, to the President, the Congress, and the press.

DISABLED WOMEN'S CAUCUS

A number of action recommendations were passed by the Disabled Women's Caucus on May 25, 1977 at the White House Conference on Handicapped Individuals. The following recommendations address several major areas of concern to persons with disabilities.

1) Hospitals and Planned Parenthood facilities shall be forced to comply with Section 504 regulations regarding accessibility to all women with disabilities. Enforcement shall be rigorous.

2) Training programs for medical professionals shall include basic information on and sensitization to disabilities and the special needs of disabled women.

3) Disabled women shall not be dismissed from institutional care on the basis of their sexual activities.

4) Pharmeceutical companies shall provide warnings on medication in braille.

5) Drug information presented in program form should include captioned visual and braille materials.

6) Medicaid/Medicare shall cover interpreter expenses for medical visits.

7) Medicaid/Medicare shall cover attendant care for medical visits.

8) Information on birth control shall be available in braille and visual media shall be captioned.

9) Medical professionals shall be sensitized to the fact that disabled women have the right to make *informed* decisions as to their chosen method of birth control.

10) Medical professionals shall be informed of the medical implications of specific methods of birth control regarding women with disabilities.

11) Women with disabilities shall have the right to *receive* and *refuse* abortions and to make informed decisions about their bodies.

12) Legal criteria shall be established and a Model Code developed and disseminated regarding sterilization, mental competency and informed consent of women with disabilities.

13) State Division of Vocational Rehabilitation programs shall provide for sex counseling and related gynecological services as a *regular health service* to all women with disabilities.

14) Outreach gynecological services to rural areas should be developed and funding of mobile units for this purpose should be encouraged.

15) Research efforts shall be developed in the areas of both medical and psychosocial aspects of gynecological care and sexual health for women with disabilities and funding shall be strongly encouraged in this regard.

16) As the handicapped are mainstreamed into the public school system, they shall be given equal access to sex education, i.e., interpreters for the deaf, alternatives to visual presentations for the blind, etc.

17) All institutionalized handicapped persons shall be given sex education and counseling in order to achieve their full potential for growth and development.

18) Where there is a sex education/sex counseling curriculum, the special problems of the disabled should be included.

19) In the field of rehabilitation, all staff should be trained to be able to deal with all aspects of handicapped persons, including their sexuality.

MENTAL HEALTH CAUCUS

The following recommendations were approved by the Mental Health Caucus:

1. The creation of a Presidential Coordinating Council on the needs of the handicapped.
2. More adequate funding for RSA programs in training, research, demonstrations, etc., that relate to the mentally ill.
3. Adequate fiscal support for the projected NIMH emphasis on community support system programs to meet the rehabilitation and life support needs of mental patients.
4. Adequate funding for the expansion of psycho-social rehabilitation centers.
5. More emphasis on Prevention especially in relation to the needs of emotionally disturbed children.
6. Greater emphasis on deinstitutionalization of the chronically mentally ill, in line with the recommendations of the GAO Report.

LAWYER'S CAUCUS

On May 25, 1977 during the White House Conference on Handicapped Individuals nearly fifty lawyers and non-lawyers in the area of law and the handicapped caucused and launched the Legal Advocacy Network for the Disabled (LAND). The organization is starting a network for the communication of information about the activities and practitioners of Disability Law. Initial goals include:

1) Dissemination of a list of names and addresses of persons attending the May meeting and other interested persons;

2) Investigation of the possibility of publishing a directory of persons active in the field of law and the handicapped;

3) Establishment of clearing house services through an arrangement with an existing publication;

4) Exploration and development of a feasibility/planning study regarding the organizational structure and activities of LAND.

5) Dissemination of a questionnaire to gather pertinent information about members of the organization.

Regional meetings of members and other interested persons are being encouraged. The existence of the network will be publicized at

the August meeting of the American Bar Association in Chicago and through other means. Louis Rigdon was elected as the initial chairperson and coordinator.

It should be noted that the delegates at the White House Conference on Handicapped Individuals in their recommendations and resolutions mandated the establishment of such a network.

DISABLED HISPANIC INDIVIDUALS' CAUCUS

A caucus for Disabled Hispanic Individuals was formed at the White House Conference on Handicapped Individuals. The caucus met on three different occasions for extended periods to discuss issues to be presented to the conference and the need to have a Hispanic caucus. Several points were made including the need to encourage Hispanic disabled individuals to participate in programs that might benefit them and to help those programs become responsive to their needs, the need to encourage the inclusion of the Hispanics in conferences for the disabled, and the need to promote the development and employment of Hispanic providers of services in those programs and agencies that serve the disabled.

The Hispanic Caucus passed the following resolutions to be presented to the White House Conference:

1) To provide interpreters (Spanish/English) wherever necessary at conferences for the disabled (i.e., the White House Conference).

2) To ensure that services provided to the Hispanic disabled are available to them in Spanish.

3) To take into consideration cultural differences within the Hispanic population in regard to diagnostic evaluation and testing.

4) To provide bilingual/bicultural education to all handicapped children of Hispanic descent.

5) To establish a permanent organization for Hispanic disabled individuals with the endorsement and support of the White House Conference and funding from appropriate agencies.

These resolutions were submitted for approval by the conference. The last resolution, an organization for Hispanic disabled individuals, was presented to the Workshop on Special Concerns where it was accepted. The others were submitted through the non-white caucus.

The Hispanic Caucus felt that following the conference the group should continue to strive to serve the Hispanic disabled and to maintain communications with one another. The follow-up on the establishment of an organization for the Hispanic disabled individuals was assigned to Jorge J. Lambrinos with the help of committee members and Dr. Jose LaFitte of the White House Conference staff. Dr. Marta Sotomayor was assigned to write an article on the actions of the Hispanic Caucus and to submit this to various newsletters; i.e., COSSMHO. Dr. Orlando A. Rivera was asked to serve as the Hispanic representative on the Non-White Caucus Review Team established to ensure that the White House Conference Final Report would include those issues of greatest concern to Hispanos and other non-whites.

Finally, it was generally felt by everyone concerned that the Hispanic Caucus reflected the serious concerns and commitment of those present for the interests and well being of the Hispanic disabled individuals.

Appendix:
SEMINARS

INTRODUCTION

A series of seminars were coordinated as adjuncts to the Conference activities. They provided the necessary framework for an in-depth review of situations across the country pertaining to disabled veterans, children, coordination and delivery of services, long-term care, special populations, epilepsy, information resources and industry-labor. Several reports from these seminars were submitted for inclusion in this document.

INFORMATION RESOURCES SEMINAR

Executive Summary

Proceedings of an Information Resources Seminar sponsored by the Office for Handicapped Individuals' Clearinghouse on the Handicapped and the White House Conference on Handicapped Individuals: Arlington, Virginia, June 28–30, 1977.

Introduction

An Information Resources Seminar was sponsored by the Office for Handicapped Individuals Information Clearinghouse in conjunction with the White House Conference on Handicapped Individuals in Arlington, Virginia June 28–30, 1977.

The Seminar was organized to serve several purposes. The first was to bring together existing information providers serving the handicapped to comment on and react to the White House Conference on Handicapped Individuals' recommendations related to information services.

The second purpose was to make a first step toward defining and developing a networking strategy for existing information providers serving handicapped individuals. The third purpose, supportive of the second, was the provision of perhaps the first opportunity for many information providers to meet with colleagues to identify strengths, weaknesses, similarities, gaps and overlaps in existing information services.

The approximately 70 participants who attended the Seminar represented private, local, State, regional, national and Federal level information services. Services represented included information and referral, hotlines, clearinghouses, data banks, libraries, and public inquiry offices in Federal agencies.

Seminar participants broke into small groups to discuss the information-related recommendations from the White House Conference on Handicapped Individuals. During these small group sessions, they reviewed the data from the White House Conference, and discussed implementation strategies which would support the accomplishment of the White House Conference recommendations.

The participants emphasized the need for greater cohesion and responsiveness in the field as a whole. In particular, they indicated a desire to work for the following changes as a prerequisite to implementing the recommendations made by the White House Conference on Handicapped Individuals participants:

- More communication among information providers
- More policy emphasis on information services within organizations and government
- More assistance from a central agency in fostering communication among information providers and in developing basic administrative and technical documents for wide use in the field.

In addition, the participants made a number of recommendations for implementation strategies at the national, State, local and interagency levels.

National Level Recommendations

On the national level, participants at the Seminar saw networking among existing operations as the most effective means of mobilizing resources. Although they supported the most frequently made recommendation from the White House Conference calling for a

central clearinghouse, they saw this clearinghouse not as an all-encompassing, monolithic, new information operation, but as a coordinating, planning and resource mechanism to strengthen their own operations. Participants assigned the proposed clearinghouse with responsibility for the following activities:

1) Assume leadership in the development of a network of information services for the handicapped. The clearinghouse should act as a "lead" or staff agency for networking activities such as the following:

a) conduct workshops and meetings

b) proselytize the network idea

c) develop an 800 toll-free number for the clearinghouse phone

d) develop a file of sources of technical assistance for information providers

e) establish guidelines for data and services to be included and excluded from the networking system

f) develop information service models by: 1) identifying and evaluating existing models and preparing and disseminating descriptions of successful models; 2) providing research and development funding for the development of new models; and 3) collecting descriptions from Seminar participants of their own operations.

2) To prevent duplication of publications, a current master list of handicapped-related publications of all voluntary organizations and Federal agencies should be created and indexed to identify overlaps, gaps, and new potential uses for the material. Network members' plans for new publications would be checked against this master list.

3) Prepare basic materials of widespread interest, such as brochures explaining Section 504, P.L. 94–142, legal rights, and other basic issues, for dissemination by existing information providers. Time saved by each organization spared the task of developing such basic material for itself could then be spent on other needed information activities, such as those highlighted in the White House Conference recommendations.

4) Encourage Federal agencies which provide grants or contracts for information services for the handicapped to consider cooperative efforts and give preference to applications which show awareness and strong tie-ins with existing operations.

Some cooperative activities were identified which will be initiated immediately by the OHI Clearinghouse, with the active support and involvement of Seminar participants. These include the publication of occasional bulletins documenting the progress of networking activities, the convening of additional groups of information providers to work on specific tasks, and the wide dissemination of information models submitted by participants to the Clearinghouse. It was also strongly emphasized that parents and consumers should be actively involved in all aspects of the network's development.

Implementation Steps

Seminar participants stressed that existing legislation establishing the OHI Clearinghouse is adequate support for the activities listed above. Therefore, they emphasized that two types of action are required for the recommendations to work: The first is active support

from the White House Conference on Handicapped Individuals and from information providers and their organizations for adequate staffing to allow the OHI Clearinghouse to effectively coordinate information resources for the handicapped. Secondly, the participants indicated both a need and a willingness to participate actively in the development of a national network of information providers at all levels.

State Level Recommendations

With very few exceptions, one-stop State-level information for the handicapped does not exist and there is general uncertainty as to the scope, capability and efficiency of information provision by State offices involved with the handicapped. In view of this situation, Seminar participants advocated the creation of a central body at the State level to become an information source and a strong link between the national and local information sources. This would take the form of either an independent council organized by voluntary organizations and sponsored by the government *or* a designated State agency receiving matching Federal funds.

Recommended activities of this State organization would include the following:

- Establish a central information and referral 800 toll-free number Statewide
- Assume the State's responsibility for disseminating information about services and rights to handicapped people
- Emphasize the special needs of the State's population, such as ethnic, geographic and language variations
- Emphasize and work toward improved communication among all the government agencies which provide services to handicapped people
- Perform liaison with local level information coalitions/providers, providing them with general information and receiving feedback on actual information needs at the local level
- Provide Statewide public education services and develop materials regarding handicapping conditions
- Encourage standardization of procedures for information and referral services within States and between States; also between State and national systems.

Implementation Steps

Recommendations for implementing these actions included several steps:

- The White House Conference on Handicapped Individuals should make recommendations to States that such an agency/unit be established.
- The national volunteer organizations for the handicapped should develop models for State Councils by forming a task force among the Seminar participants or develop a model statute for the establishment of a State level information agency.
- Support must be developed from a broad-based coalition of national organizations for advocacy and sponsorship in the individual States.
- The White House Conference on Handicapped Individuals should recommend that some Federal and State funds be designated in support of the State information service. States should

provide significant funds for information services to the handicapped separate and distinct from other programs.

- A development schedule should be established which aims for the first planning and organizing council to be formed within 12 months, and the first State agency within 24 months; implementation in at least 10 States within 18 months to 4 years; and establishment in all 50 States within 10 years.
- Evaluation mechanisms should be established, including a legal requirement for an annual, independent evaluation of the Agency or Council each year. Provisions for user feedback should be built into the Agency or Council model.

Local Level Recommendations

The Seminar's recommendations for local level action emphasized the delivery of information services to the handicapped, their parents and relatives via a local coalition of handicapped groups. The coalition should establish a local council of information providers for the handicapped which could advise member agencies on the availability of services, information methods, and collectively identify gaps in the services provided. The coalition and council would encourage networking at the local level, provide information services to member organizations, assess local information needs, and explore the availability of resources. The council could then direct the pooling of resources, the further development of local coalitions of handicapped groups, and the use of parent and adult handicapped individual talents; obtain needed funding and technical assistance in the form of management systems and storage and retrieval techniques; and encourage the development of listening and counseling skills. Other responsibilities would include establishing communication with State and national level information providers, and raising the consciousness of professionals and the general public.

Recommendations for Intra-agency Policy Changes

Many of the Seminar participants were information providers within a larger organizational structure, such as a parent agency at the Federal level or a national service organization in the private sector. In order to improve their services, they recommended some enabling steps:

- The status of information services should be improved by writing provisions for such services into service agencies' bylaws and by mandating such services in legislation so that agencies will be legally accountable for information dissemination.
- The status of information professionals in policy making must be enhanced.
- Different funding patterns should be established for information to ensure continuity, such as third party purchase of services arrangements for information resources, and earmarked funding for information purposes.
- Information technology should be planned by professionals other than computer programmers.
- Handicapped individuals should be involved in all aspects of information provision.

Conclusion

The preceding summary does not do justice to the many specific recommendations made by the Seminar participants in the course of the two sessions devoted to the recommendations from the White House Conference on Handicapped Individuals. They included innovative ideas such as reaching potential information consumers with inserts in telephone bills, providing a uniform telephone number for local information and referral providers (such as 911), and reinforcing White House Conference on Handicapped Individuals' recommendations such as making the physician the first link to local services, translating research into lay language, and using libraries as dissemination vehicles. These details are included in the full seminar proceedings and will receive serious consideration in future strategy development to improve information provision for the handicapped.

EPILEPSY COMMISSION SEMINAR

A National Commission for the Control of Epilepsy and its Consequences was established in April, 1976, for the purpose of reviewing the status of services and research for epilepsy; identifying gaps and proposing a national plan of action to meet needs. To implement this mandate the Commission held public hearings across the Nation where persons with epilepsy, their families and service providers had an opportunity to express their needs and recommendations to address the problems.

During this year, the Commission worked closely with the staff of the White House Conference and reviewed Conference materials, including final Delegate Workbooks. In addition, White House Conference staff was helpful in the initial planning of the Epilepsy Commission's strategy to address its mandate.

It is the opinion of the Epilepsy Commission that two major concerns of the Commission were not emphasized strongly enough in White House Conference reports or in Delegates' Workbooks. These concerns affect many requirements of the generically "handicapped". They are: a) To find ways to provide improved medical care for those severely handicapped who are in long-term care facilities and; b) To focus, at the national level, on planning and services for neurological disorders, which are not adequately served.

The Epilepsy Commission concluded that the major focus, to date, for upgrading services to persons in institutional care facilities has been primarily directed towards behavioral and social services and the Commission's concern is also to highlight the medical needs of this population. One example of the neglect of the medical needs of this population is that until a treatment section was recently written into new National standards for the developmentally disabled, a medical section was virtually nonexistent in these important guidelines.

Workbooks of the White House Conference contain only a single reference (Delegate Workbook, Workshop II; Health Concerns (2) Treatment/Research/Technology. HEC V–13A, Page 11–29.) to concern for treatment in institutions.

It is therefore recommended that the following recommendations be added to Section HEC V–13:

ALL INSTITUTIONALIZED INDIVIDUALS MUST HAVE ACCESS TO QUALITY MEDICAL TREATMENT.

The problems of the neurologically handicapped are frequently overlooked because this group is not visibly mentally or physically handicapped. As you know, the White House Conference definition of a handicapped individual includes: "any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities; . . ."

Epilepsy is a good example of a neurological disorder which has, historically, been bandied about between service agencies who deal with mental problems and physical disorders.

Special needs of the neurologically impaired are not adequately met unless personnel are appropriately trained to deal with them. According to Commission investigation, such special orientation appears to be lacking in medical and nursing school and university curricula.

Therefore, training in the care of the physically handicapped may not include those special problems of the neurologically impaired which may result in episodic seizure activity. In addition, anyone interested in mental or behavioral problems will find only minimal and contradictory information in the literature of the behavioral sciences to assist them in regard to psychological problems associated with neurological conditions.

As a group, neurological disorders, including epilepsy, must be planned for and served. For this reason, the attached resolution is presented for consideration by the White House Conference on the Handicapped.

The Commission's final report addresses many additional needs which also appear to surface in materials of the White House Conference and which we feel are already being brought to your attention.

RESOLUTION PREPARED FOR THE WHITE HOUSE CONFERENCE ON THE HANDICAPPED BY THE NATIONAL COMMISSION FOR THE CONTROL OF EPILEPSY AND ITS CONSEQUENCES May 25, 1977

TO ADDRESS THE NEEDS OF THE NEUROLOGICALLY IMPAIRED

WHEREAS, the Congress of the United States recognized the unique and unmet service needs of persons with epilepsy, and in recognition of these needs, created a Commission for the Control of Epilepsy and its Consequences, and

WHEREAS, the Epilepsy Commission did thoroughly investigate and find that the service needs of persons with epilepsy and those with other neurological disorders are not adequately met by existing programs for the physically and mentally handicapped, and

WHEREAS, the Epilepsy Commission recognizes that proper planning at the Federal level must precede rational service delivery and notes that the unique concerns of the neurologically impaired are not being adequately planned for,

NOW THEREFORE BE IT RESOLVED that the Commission for the Control of Epilepsy and its Consequences recommends that the White House Conference on the Handicapped include in its priorities the need for planning and delivery of services specifically designed

to address and meet the unique needs of the neurologically impaired.

COORDINATION SEMINAR

A three day seminar, co-sponsored by the Office for Handicapped Individuals and the White House Conference on Handicapped Individuals, addressed the problems of coordinating service programs for handicapped individuals.

The seminar consisted of a series of work group sessions interspersed with presentations made by knowledgable individuals in the areas of coordination and/or programs serving handicapped individuals.

Seminar participants included representatives from Federal, State and Local governments, private sector organizations and consumer representatives.

Four issue areas were identified as encompassing most coordinative problems:

- legislative concerns
- Federal practices
- Federal, State, local interrelationships
- Public/private sector interrelationships

Two themes ran throughout the several recommendations generated around the four topic areas. These were: (1) the need for high level visability and clout, and (2) consumer involvement.

In order to achieve full effectiveness in implementation of recommendations coming from the White House Conference, it was felt, there was a need for *high level visability and clout.* Recommendations, thus, variously cited that a special focus be established with direct responsibility to the President in the White House, or in the domestic council, or in the Congress when legislation was to be considered.

Secondly, there were many recommendations which cited a need for significant, meaningful *consumer involvement* at all levels, and in all phases, of service delivery, from planning and evaluation of program effectiveness at the Federal level, to continuous monitoring at the point of service delivery.

SEMINAR ON LONG-TERM CARE

Introduction

The needs of people disabled early in life are unique from the population at large and even unique within the disabled population.

People with substantial long term disabling conditions originating early in life are further handicapped by powerlessness relative even to other disabled people in the population. They are more socially isolated and therefore remain more invisible; they frequently require more intensive and extensive treatment and outside services which therefore are more expensive; they will have fewer reinforced successes in adapting to developmental challenges in early years and therefore are more, and remain longer, dependent upon others;

Based on findings from Long Term Care Requirements, a working conference on the needs of people disabled early in life, Temple University, February 1977. Complete report available from Temple University, Developmental Disabilities Center, Philadelphia, PA 19122.

they will have fewer opportunities for social/community participation and therefore are socially and politically more inarticulate.

To focus concern on this special population and to make explicit issues and recommendations to the White House Conference on Handicapped Individuals, a seminar on Long Term Care Requirements was held at Temple University in February 1977. The Developmental Disabilities Office, Office of Human Development, determined that the national significance of this special concern was sufficiently timely to call together a Steering Committee composed of consumers, federal officials, voluntary agency representatives and authorities in this area. By the direction of the Steering Committee knowledgeable and concerned experts were invited to organize papers summarizing the "state of the art" in a number of key areas; other authorities and consumer representatives were asked to prepare reactions to key presentations so that a balance of views could be assured.

The Focus of the Seminar on Long Term Care

The Long Term Care Seminar focused on the following central questions:

- *The epidemiological.* What are the characteristics of this group at each stage of development and what characteristics might we predict will be present in the future?
- *The life cycle approach.* What unique problems and ways of coping are faced at each stage of development in the life cycle?
- *The ecological.* What conditions of individuals require the attention of others from the family through the community support system? What types of arrangements and funding patterns facilitate their needs?
- *The central importance of living arrangements.* What living arrangements are best at each stage of development? How should resources be allocated to provide these?
- *The potential of the handicapped person as a contributor.* What expectations should the handicapped person have for himself and to the rest of society for contributing to his own rehabilitation, general welfare and maximized human development?
- *Entitlements.* What are the entitlements of handicapped people, through law and public policy and how can these be accessed?
- *The economic.* What are the utilization costs of necessary services, the impact of income transfer policies, the methods for allocating resources?

The Structure of this Report

The *Introduction* of this report highlights people disabled early in life as a special population and describes the focus of the Seminar on Long Term Care.

The *Special Characteristics of People Disabled Early in Life* includes a statement of the magnitude of the problem, the onset of disability early in life, characteristics of children, adolescents, young adults and adults disabled early in life.

A *Definitional Note on Long Term Care* is included to present the basic assumptions underlying the issues raised by the seminar.

The *Major Issues* raised in the Long Term Care Seminar are enumerated. The background of each issue is presented.

The membership of the Steering Committee for the Seminar on Long Term Care and the Seminar participants are included.

Special Characteristics of People Disabled Early in Life

The Magnitude of the Problem

Approximately 5% of all newborns have significant visible physical impairments. Many newborns may be mentally or emotionally impaired, although this is usually not detected until later in childhood. Studies suggest that, at any given time, 15% to 20% of the child population is impaired physically, mentally or emotionally. Among these are the 3% to 4% of all children who will be substantially disabled in their major life roles because of the impairment.

A large proportion of children with impairments will be disabled in adult life; similarly a large proportion of disabled adults were impaired for their entire developmental period.

The Onset of Disability Early in Life

People disabled early in life are unique. The causes of their disabilities are different from the factors responsible for disability originating later in life.

Major causes of disability early in life include mental retardation (subsuming Down's syndrome and metabolic disorders), cerebral palsy, childhood psychosis and autism, childhood seizure disorders, severe congenital communication disorders involving language deficiency (expressive/receptive) and certain other neurological and sensory disorders such as congenital blindness and spinabifida.

Cerebral dysfunction may be involved in as many as nine out of ten of these disabilities. Since mental retardation and childhood psychosis contribute significantly to the total number of people disabled early in life, social incompetence may be a characteristic of this group and an overriding concern.

Multiple handicaps are especially common with people disabled early in life.

Characteristics of Children Disabled Early in Life

1. The initial emotional impact of a child disabled early in life generates a crisis in the family, such that the entire family unit may be disabled.

2. Since most of those disabled early in life are disabled before age five, most have no experience or recollection of normal functioning and do not know how it feels not to be handicapped. The experience of prior independence is missing for people who become disabled early in life. For the many for whom disability will be life long, they will probably not attain the experience of independence.

3. The fact of disability inhibits overall typical developmental expectations.

- The infant may be less responsive to mothering and stimulation, discouraging parents from close contact with the child.
- The child may be limited in locomotion and unable to explore, further contributing to delay in sensory motor integration and language development.
- The child may be limited in opportunities and requisite skills to engage in the necessary experiences of developmental play.

- The child may be socially isolated from peers during times when peer contact is crucial to growth and development.
- The isolation and time spent in treatment takes time away from normal social and recreational pursuits.
- Development of coping skills or ego strength within the child may be delayed or arrested due to cognitive, sensory or affective limitations.

4. Deprivation of education has already occurred for most of the severely handicapped who are now older than eight years because "zero reject" education was not instituted in time to provide for their needs.

5. Disabilities among those impaired early in life are more pervasive, usually producing impairments in many functional domains.

6. The atypical experiences of development are cumulative. Deviation at one developmental stage biases later development. For example, prelingual hearing loss impedes development of language concepts.

7. Society imposes many restrictions and secondary handicaps on the person disabled early in life. These also have a serious cumulative effect on limiting the person's development.

8. Families with a disabled child are impaired as a family, by the experience of disability: The family suffers stigma, may lose social and economic mobility and may be isolated from the mainstream of community life. Even when the family can remain intact, can be responsive, loving and active in their child's behalf, the family of a disabled child is under constant stress.

Characteristics of Adolescents and Young Adults Disabled Early in Life

1. The experience of disability magnifies many of the typical developmental stresses of adolescence.
   - The self-image of the disabled adolescent is distorted and self-esteem is low. This sense of difference is especially acute during adolescence when peer identification is so important.
   - The anxieties of adolescence are magnified by the probability and fear of prolonged dependence engendered by the disability.

2. The disabled adolescent or young adult is usually deprived or barred from the experiences of moving within the family context and pursuing work, post-secondary education, recreation and travel as a single independent individual.

3. The establishment of personal and intimate relationships is very difficult for the adolescent and young adult disabled early in life. This difficulty is further magnified if the disability has a genetic basis, and intensifies the individual's sense of deficiency.

4. The severely disabled youth, attempting to consolidate his or her identity, sees a future in which his life trajectory may increasingly diverge below the norms for his age cohort. These lowered possibilities may involve work, as well as marriage, child bearing and rearing and other elements of independent adult functioning.

5. The disabled adolescent and young adult, not having the opportunity to establish a predisability work record, may find very few options for work as well as find the critical rite of passage to the first job more difficult.

6. Adolescents and young adults are often lost within the structure of the service delivery system as they make the transition from childhood to adult (legal) majority status. Support services often lack continuity at this critical life junction.

Characteristics of Adults Disabled in Early Life

1. Adults disabled in the early years of their lives are a minority with special needs. They account for one out of six disabled adults, so their unique concerns are often submerged within the "larger minority" of disabled adults.
2. Adults whose disability originated in childhood are more likely to be "functionally dependent".
3. For adults disabled in childhood, there is
   - greater risk of initial institutionalization
   - greater risk of more prolonged institutionalization
4. Adults who are severely disabled early in life are often impaired in the capacity or opportunity to advocate for themselves. This may be due to limited life experiences, limited or partial competence and limited expressive skills.
5. Adults disabled early in life who have not had a chance to enter the work force have discriminatory and lesser economic entitlements than those of people disabled later in life. An adult disabled early in life
   - receives only 75% of his/her father's basic social security benefits
   - is less likely to have sources of income other than disability benefits under Social Security or Supplemental Security Income (SSI) such as workman's compensation, self-earned income, income from savings, etc.
6. The adult who becomes severely disabled in childhood is more likely to remain unmarried and childless and faces the lack of family support in later years.

Definitional Note on Long Term Care

Long Term Care Requirements as used here refer to the unique needs for care of people whose disabilities originate early in life and are usually severe and persist throughout the life span.

Long term care as such implies multiple services, provided in varying combinations, provided on a sustained or frequently recurring basis. Long term care includes but goes beyond living arrangements (of all varieties from one's own home to a larger community based or congregate facilities) to include personal and support services, educational, health, social employment and economic concerns. The use of long term care here represents certain basic assumptions about requirements:

1) The family is the primary unit of concern
2) Services should be developmentally appropriate
3) Services should be coordinated on a life management basis
4) Disabled persons have rights to a range of choices
5) Disabled persons share with all other persons basic human needs.

Major Issues

Issue: Early Intervention

Early intervention implies a comprehensive program of support services primarily designed to aid parents with the management of the severely disabled infant and young child.

This involves concrete services rendered in the home, the lack of which often causes unnecessary deterioration of the child and correspondingly a heavier burden on the parents, siblings and eventually, on society in terms of lost potential.

The service models for aiding parents in the management of disabled children must:

- be based on developmental principles
- be consonant with cultural and ethnic traditions, values
- cope with the stresses of poverty
- include assertive outreach
- include case management and future planning

Issue: Personal Care Services

Some individuals disabled in childhood will need assistance in activities of daily living, personal care and personal decision-making beyond the usual years of childhood dependence; many of these will not be able to live alone or with spouses; others who live with spouses or as children in nuclear families occasion an additional burden of care on other family members. Like others, disabled persons of any age need and deserve to be able to associate and communicate with congenial persons and to develop long term personal relationships in an intimate environment. Persons who give ongoing care, whether family members, attendants or aides, need recognition as valued persons who also have rights to self-actualization.

Issue: Transferring Living Arrangements from Institutions to the Community

Severely disabled persons are entitled to live in appropriate community settings which are habilitative and appropriate to their growth and development. Essential to accomplishing this goal is the establishment of appropriate community/based living arrangements, as well as a continuing process of deinstitutionalization.

Issue: Unique Transportation Requirements

Persons disabled in early years are dependent upon transportation in ways that go beyond mobility limitations associated with physical impairments or even non-accessibility and non-availability of existing modes of transportation. Many individuals have difficulty in dealing with directions, or have severe seizure disorders, for example. In general, persons disabled early in life require assistance in negotiating systems and must receive prior training. Repeatedly experts and research findings cite social isolation as a major barrier to personal growth and development. Education, training, social visitation, employment, sheltered activities, shopping—all are necessary to prevent the crippling consequences of social isolation. Moreover, people disabled in early years live in residences dispersed throughout the community which accentuates their isolation from participation and activities essential to their growth and development.

Issue: Epidemiologic Implications

There is a unique and unmet need for full life-cycle data on the incidence, prevalence, characteristics and needs of people disabled early in life. Existing national data bases tend to under-represent and inadequately describe those disabled people and to focus separately on people in institutions. Because people disabled early in life have life-long needs, rational planning to meet those needs cannot be made in the absence of this kind of data.

Issue: Full and Effective Implementation of Federal Non-Discrimination Provision

Section 504 of the Rehabilitation Act of 1973 mandates that benefits and services are provided in a form that the disabled person can use, and not necessarily separate and apart from the services generally available in the community. This provision mandates not only access to services, but services that disabled people can effectively use—appropriate service.

This section is patterned after, and is almost identical to, the antidiscrimination language of Section 601 of the Civil Rights Act of 1964. The section therefore constitutes the establishment of a broad government policy that programs receiving Federal financial assistance shall be operated without discrimination on the basis of handicap. Arrangements of services and transportation, health, employment and education must accommodate differences among a wide range of persons. Section 504 points to accommodating the range of differences that exist among handicapped populations.

Individuals disabled early in life require benefits and services which vary to a considerable extent from other handicapped populations. The full and effective implementation of Section 504 becomes a major step for reaching full civil rights.

At the Federal level, many agencies are involved in generating policies and regulations monitoring and securing implementation as well as protecting rights. A danger exists that Federal oversight or responsibilities could become unconnected and may even work at cross purposes.

Issue: Prevention

There is ineffective, inconsistent and inappropriate implementation of known and understood methods of preventing developmental disabilities. These include prenatal care, immunizations, nutrition, genetics, maternal illness, the prevention of poisoning and other accidents. Although the environmental influences which interfere with growth and development are well documented, there is little concerted effort to prevent the effects of deprivation.

There is a general lack of understanding the relationships of early parent-child interactions to the development of secondary emotional problems, parental wish for institutionalization and other complications to disability.

Issue: Relocation Effects

Severely disabled children often suffer long term detrimental effects of frequent *residential* relocation during their developmental years. These include relocation from home to hospital, hospital to institution, institution to home, etc.

Issue: Childhood Reciprocal Experiences

Disabled children need life experiences during their developmental years which are similar to those of children with more typical development. These experiences may be achieved through meaningful interaction among children with and without handicaps so that reciprocal relationships can be fostered at as early an age as possible.

Non-contrived experiences should focus on the normal human relationships for children at school and at play. Many environments should be used, with a diversity of options to encourage interactions between handicapped and non-handicapped peers. The disabled child should see and be seen, help and be helped and understand and be understood by other children. If children do not have access to typical developmental experiences during early growth years they will suffer lifelong detrimental effects on their personality, self-concept and functional abilities.

These reciprocal relationships should begin at an early age and should be structured in such a way as to overcome the negative images of handicapped people held by adults who have never experienced such direct encounters as children.

Issue: Independent Living Arrangements

Persons severely disabled early in life experience great difficulty in locating and using accessible and compatible independent and semi-independent living arrangements. Reasons for difficulties include:

- The reluctance for Department of Housing and Urban Development programs to accept severely disabled persons as prospective housing users.
- Room and board are not clearly separated from services in provision of public social services.

Issue: Exclusion from Rehabilitation

Rehabilitation programs frequently exclude persons who in early life acquire severe disabilities which extend throughout adulthood.

Issue: Appropriate Work

Insufficient and misdirected training and education programs do not prepare adults, especially those disabled from their childhood, for meaningful, useful work or activity. Also employers and agencies still lack incentives for hiring or training the one of seven handicapped individuals who were disabled early in life.

Issue: Research on Attitudes of People with Handicaps

Insufficient and inadequate research has been conducted for studying attitudes of people with handicaps. Conversely, there is more research on attitudes of people without handicaps toward those with handicaps. Often disabled people lack the communication skills necessary to effectively make their attitudes and needs known. The 1970 Census lacked sophisticated techniques in attempting to gather data on disability, especially from individuals disabled early in life. Reliable information will assist service providers and policy makers to plan and implement appropriate programs as disabled people progress through life.

Issue: Employee Participation in Deinstitutionalization

Planning for deinstitutionalization and conversion to community-based service systems has not generally included representation of the employees of institutions.

Issue: Protection of Rights

Due process mechanisms in education and rehabilitation have been and are relatively ineffective for this population.

Issue: Advocacy

People disabled early in life have long term care needs which require long term advocacy, rather than episodic interventions. A full advocacy system is required. This system must be accessible to all and must provide active outreach to people in need who may not be able to articulate their own needs. This continuing system of advocacy, addressing the life long needs of people disabled early in life, should be maintained and reinforced in HEW and state government.

Persons who provide direct care or are employed by direct care agencies may not function effectively and reliably as advocates because there are possible conflicts of interest between the two roles.

Issue: Government Role in Litigation

The effort to establish clear legal and constitutional entitlements for the disabled population, especially those in need of long term services, would be seriously hampered without the assistance and support of the United States government. The government through the Department of Justice, has been a party to litigation on alleged violations of due process, equal protection and other constitutional and other legal questions arising from questions of rights for this population. Some states are now questioning this role.

DISABLED VETERANS SEMINAR

"To my knowledge this is the first time that individuals from government, private industry, disabled veteran groups and non-veteran handicapped groups have come together to address issues of major importance affecting service connected disabled veterans and non-service connected disabled veterans."

This statement by Ronald Drach, National Director of Employment, Disabled American Veterans, delineates the uniqueness of the White House Conference on Handicapped Individuals seminar on Disabled Veterans that was held in Washington, D.C. on October 5, 1976.

Mr. Drach, who chaired the program, continued his address by stating, "I am optimistic that from this seminar we will see future public policy formulation and legislation that will benefit disabled veterans and handicapped individuals alike."

A prologue to the discussion of the issues that were the main body of the business of the seminar was the keynote address delivered by Odell Vaughn, Deputy Administrator of Veterans Affairs. He stated that disabled veterans can utilize Veterans Administration's vocational rehabilitation, VA medical benefits and other VA services. But he pointed out that they are of little value if the disabled veteran doesn't have the opportunity to participate in major life activities. There are still many barriers that have to be hurdled, ranging from architectural to employers' attitudes.

Among the many issues that were discussed and for which several recommendations were determined were those relating to job placement of disabled veterans, how job placement systems could be improved, what measures should be taken to insure the proximity, need and quality of medical and supportive services for veterans, what actions are required to improve the image of disabled veterans and what action is necessary to insure comprehensive counseling services for disabled veterans.

The issues and recommendations were distributed to involved members of those handicapped groups, veteran organizations and federal agencies that participated in the seminar.

Distribution of the recommendations which evolved from the seminar were made available to all the delegates at the May 1977 White House Conference on Handicapped Individuals, thereby calling their attention to the unique problems of disabled veterans.

SEMINAR ON UNIQUE PROBLEMS OF NON-WHITE HANDICAPPED PERSONS

Handicapped individuals who are non-white or of Hispanic ancestry tend to be faced with increased disadvantages compared to other handicapped individuals. The White House Conference on Handicapped Individuals, in order to increase input from the minority handicapped, and to be assured that recommendations of depth that deal with the unique problems of minority handicapped individuals are addressed at the National Conference, initiated a plan to hold workshops in 11 communities nationwide that are most heavily populated with minorities. The purpose of this project, entitled "Operation Outreach," was to solicit recommendations from these special populations.

At the request of the White House Conference on Handicapped Individuals, the project was funded through the Rehabilitation Services Administration and contracted out to the National Urban League. The White House Conference on Handicapped Individuals requested that the Ad Hoc Advisory Council to the Commissioner of the Rehabilitation Services Administration on Non-White Affairs serve as a task force to this project since the members represented various minority groups.

The eleven communities selected were in the following cities: Seattle, Washington; Dallas, Texas; Denver, Colorado; Phoenix, Arizona; Chicago, Illinois; New York, New York; Richmond, Virginia; Hartford, Connecticut; Tampa, Florida; and San Francisco, California. The workshops, which were held between February 14, 1977, and February 25, 1977, were well attended and the participants were given the opportunity to express their views and make recommendations regarding solutions to their problems.

Many recommendations were developed through the workshops on the unique problems of handicapped non-white individuals. However, the following specific recommendations are specially noted because they expand the list prepared by the White House Conference on Handicapped Individuals as a result of the State conferences held during the past year. As best we can determine, they do not duplicate any conference recommendations but are also worthy of consideration with a view towards improving the process of planning, evaluating and implementing services to non-white handicapped persons.

1) Non-white culturally oriented films should be utilized in training service providers and counselors to non-white handicapped persons.

2) Local universities, utilizing para-professionals, should be requested to identify the incidence of disability among non-white individuals.

3) Non-white handicapped persons who have no private or public agency connections should be able to identify themselves by contacting a hotline clearing house whose telephone number has been made public.

4) Consumer/advocacy groups and providers of services to non-white handicapped individuals should meet periodically with media representatives.

5) The Federal government should expand already existing outreach programs and provide for evaluation of outreach services on a regularly scheduled basis.

6) Consumer groups should be used to evaluate contract services used by State rehabilitation agencies.

7) State and local governments should utilize feasibility studies to determine the need for services to handicapped non-white individuals within their communities.

8) Transportation services should be provided for handicapped non-whites between community and rehabilitation service agencies and employment location.

9) A centralized information clearing house should be established for comprehensive rehabilitation services for handicapped non-white individuals.

10) Telephones accessible to handicapped non-white individuals should be available within their community.

11) Non-white handicapped individuals should be encouraged to join and actively participate in organizations for the handicapped.

The issues and recommendations which are outlined and described in the pages of this report represent the culmination of an intensive effort on the part of the National Urban League to respond to a specific felt need which was and continues to be substantially unmet by the services delivery mechanisms of rehabilitation and social service agencies throughout the country. The situation of non-white handicapped persons is critical and is intolerable in this time of reordering of priorities toward the social, economic and psychological well-being goals of equal opportunity held out by the present Administration.

Let us work for a big change in the *near* future.

INDUSTRY-LABOR COUNCIL SEMINAR

The Industry-Labor Council (ILC) of the White House Conference on Handicapped Individuals was formed to explore the special problems and opportunities facing handicapped Americans seeking to enter the job market. The objective of all ILC activities is increased employment opportunities for handicapped workers and the elimination of the barriers they face as they seek the dignity of meaningful work.

Led by Dr. Henry Viscardi, Jr., chairman of the White House Conference, the ILC held four regional meetings: first in Chicago; then at Menlo Park, California; in Atlanta and finally at Albertson, Long Island. The recommendations which arose from those

meetings have been considered by the White House Conference and are highlighted in this report. These recommendations suggest possible ways to lower the barriers, both physical and attitudinal, faced by those who are handicapped and seeking work.

The recommendations are grouped in four, often-overlapping sections: calls for legislation, calls for study, suggestions for direct action, and programs to develop training and increase awareness of the American Public regarding the problems faced by handicapped workers.

Common threads ran through all four meetings, and the consensus was that the most difficult problems were those directly related to the community's perception of the handicapped worker.

The problem was seen as one of basic human rights, and the right to a meaningful job was often described as one of the most basic of those rights for all Americans, handicapped or not. Questions were easy to raise; the answers were not always so easy to find.

More than a score of the recommendations suggest legislative action or administrative policy decisions, often at the federal level. These recommendations are aimed at stimulating the hiring of handicapped workers, providing needed benefits, increasing access to the work site and thus the number of jobs available for handicapped workers, and providing employers with facts about the costs of employment benefits for handicapped workers.

Among the areas recommended for further study were questions related to the insurance of handicapped workers who join the work force, the effect of employment of handicapped workers on the overall costs of employee benefits, barriers in transportation to and from work and the cost of eliminating those barriers. Study was also recommended of possible means to encourage innovative technology to ease the entry of handicapped workers into more competitive positions. A basic recommendation evolved: that all these studies be federally funded.

Probably the most valuable recommendation from the four regional meetings, in terms of immediate benefits, came under the heading of suggestions for direct action. Under this category came many suggestions that could lead to additional placements and the successful employment of increased numbers of handicapped workers. Most of these recommendations ask little more than firm commitments and strong determination by industry and/or labor. Cooperative efforts by insurance companies, government, labor and industry were recommended to define and clarify the problems surrounding insurance of handicapped workers, and to promulgate these facts within the communities concerned with the problem.

Recommendations for a clearinghouse of information on job site modifications were coupled with others calling for a similar clearinghouse to centralize information on actual job opportunities. This would allow the tailoring of training to those open jobs. There were also calls for better training of job interviewers, so they would be more able to recognize the full capabilities of handicapped workers, and gain knowledge about the best ways to utilize those talents.

Of particular significance was the recommendation that vocational rehabilitation agencies change their posture and offer themselves as

a "business service" providing industry with trained, capable and willing workers.

The fourth area of recommendations deals with overcoming the barriers of the mind, those inbred prejudices that are part of the fabric of American life. Recommendations for specialized training for medical professionals designed to acquaint them with the true potentialities of handicapped workers, and with the real needs of employers, were heard. There were also recommendations for formalized "awareness" training, sponsored by both industry and labor, to increase the acceptance of handicapped workers by their fellows; for specialized training directed at line supervisors and foremen who will be working with handicapped workers; and for briefing sessions to acquaint nonhandicapped workers with the special abilities of their handicapped fellows.

Strong recommendations were heard for more realistic, job-oriented training for handicapped workers. These suggestions were coupled with a call for earlier starts on the training of handicapped people, with the training being integrated into the general education process.

One outcome of the meetings was the identification of seven key forces affecting the future of handicapped individuals in the competitive job market. The forces were identified as: government; employers; labor; related groups including the insurance industry, professional associations, manufacturers of specialized equipment, and transportation companies; communications and entertainment media; job preparation and delivery systems; and handicapped individuals and their advocates.

These are the segments of society that most pointedly affect the quality of life in the workplace for America's handicapped citizens. These segments have the responsibility to do that which must be done to lower the barriers that keep handicapped workers from their rightful place in a society based upon the work ethic.

The recommendations of the ILC cover many of the problems plaguing the handicapped worker. But they are only suggestions and recommendations. They must be put into action if solutions are to be obtained.

Part of the responsibility for applying the recommendations of the ILC and the White House Conference to the real life world of the handicapped worker lies with the government, part with industry, part with labor, and part with the handicapped workers themselves.

Only by each accepting his share of the responsibility can progress be made. The objective is the achievement of equity in the labor marketplace for America's handicapped workers.

Appendix:

ACKNOWLEDGEMENTS

We take this opportunity to extend our appreciation to the following groups and individuals who contributed to the success of the White House Conference on Handicapped Individuals by volunteering time and donating services to this unique event.

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Hammond State School Choral Group, Louisiana
Human Resources Center, New York
New York School for the Deaf, New York
West Virginia Sunshine Dancers, West Virginia

Cabaret Performers

Bernard Bragg, Connecticut
Moonrunners Junction, featuring
  Carolyn Brown, Georgia
Deardorph & Joseph, California
Lennie Hat, New York
Rock Gospel, Washington, D.C.

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Hobart Baker, California
John Bell, Arkansas
Greg Burns, Oklahoma
Steve Handschu, Michigan
Laureen Summers, Washington, D.C.

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A special debt of thanks is extended to members of the Senate and House of Representatives who are sensitive to the needs of this nation's handicapped population and initiated the first White House Conference on Handicapped Individuals. It is hoped that this comprehensive national assessment of problems and their solutions will provide guideposts for the Subcommittee on the Handicapped of the Senate Committee on Human Resources, and the House Committee on Education and Labor.

The Conference expresses its deep appreciation to the staff of those committees who provided direction and continuing support for our efforts.

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DEDICATION

This White House Conference on Handicapped Individuals is dedicated to the memory of two individuals with disabilities and one National Planning and Advisory Council member who lived each day knowing what the Conference could mean to millions of handicapped Americans.

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